

Criteria Checklist
Alabama Medicaid Agency
Automatic External Defibrillators

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- Patient is Medicaid eligible
- Patient's physician has signed and dated an order indicating the medical necessity for the automatic external defibrillator

ADDITIONAL CRITERIA *One of the following must be met with supporting documentation:*

- A documented episode of ventricular fibrillation or sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia.
- Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome or hypertrophic cardiomyopathy.
- Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 0.35.
- A previously implanted defibrillator requires explanation.

LIMITATIONS *Medicaid will **not** cover the AED garment type for patients who:*

- Currently have an implantable cardioverter-defibrillator (ICD).
- Have hearing, vision, or development problems that may prevent interpreting device messages.
- Are on medication that may impair proper resources to device alarms.
- Are unable or unwilling to wear the device continuously, except when bathing.

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

K0606

The rental period of the AED will be based on the time the physician prescribed it as medically necessary, not to exceed a three month period.

**Documentation may include notes from the patient chart and patient medical records.*