noridian
Healthcare Solutions

Documentation Checklist
Automatic External Defibrillators

References: L33690, A52458

Automatic External Defibrillators with Integrated Electrocardiogram Analysis (K0606)

- ☐ Face-to-Face Examination (F2F)
  - ☐ Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- ☐ Written Order Prior to Delivery (WOPD)
  - ☐ Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery

External Defibrillators with Integrated Electrocardiogram Analysis (E0617) and Supplies

- ☐ Dispensing Order, if applicable
- ☐ Detailed Written Order (DWO)
- ☐ Beneficiary Authorization
- ☐ Proof of Delivery (POD)
  - ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier
    The date the beneficiary/designee signs for the equipment or supplies is to be the date of service of the claim.
  - ☐ Method 2 - Delivery via Shipping or Delivery Service
    The shipping date is to be the date of service of the claim.
- ☐ Continued Need
- ☐ Continued Use

Medical Records

Automatic external defibrillators are covered for beneficiaries at high risk for sudden cardiac death (SCD)

- ☐ A wearable defibrillator (K0606) is covered if the beneficiary meets one of the following criteria:
  - ☐ Documented episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia. These dysrhythmias may be either spontaneous or induced during an electrophysiologic (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of acute myocardial infarction (MI); **or**
  - ☐ Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as long QT syndrome or hypertrophic cardiomyopathy; **or**

- ☐ Either a documented prior MI or dilated cardiomyopathy and a measured left ventricular ejection fraction ≤ 0.35; **or**
- ☐ A previously implanted defibrillator now requires explantation.

☐ A nonwearable automatic defibrillator (E0617) is covered when:

- ☐ Beneficiary has one of the following conditions:
  - ☐ Documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause; **or**
  - ☐ Sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia, either spontaneous or induced during an electrophysiologic (EP) study, not associated with acute MI, and not due to a transient or reversible cause; **or**
  - ☐ Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as long QT syndrome or hypertrophic cardiomyopathy; **or**
  - ☐ Coronary artery disease with a documented prior MI with a measured left ventricular ejection fraction ≤ 0.35, and inducible, sustained ventricular tachycardia (VT) or ventricular fibrillation (VF) during an EP study. To meet this criterion:
    - ☐ MI must have occurred more than four (4) weeks prior to the external defibrillator prescription; **and**
    - ☐ The EP test must have been performed more than four (4) weeks after the qualifying MI; **or**
- ☐ Documented prior MI and a measured left ventricular ejection fraction ≤ 0.30. Beneficiary must not have:
  - ☐ Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; **or**
  - ☐ Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months; **or**
  - ☐ Had an enzyme-positive MI within past month; **or**
  - ☐ Clinical symptoms or findings that would make them a candidate for coronary revascularization; **or**
  - ☐ Irreversible brain damage from preexisting cerebral disease; **or**
  - ☐ Any disease (e.g. cancer, uremia, liver failure) other than cardiac disease associated with a likelihood of survival less than one year; **or**
- ☐ Beneficiary has ischemic dilated cardiomyopathy, documented prior MI, New York Heart Association (NYHA) Class II and III heart failure, and measured left ventricular ejection fraction (LVEF) ≤ 35%; **or**
- ☐ Beneficiary has nonischemic dilated cardiomyopathy > 3 months, NYHA Class II and III heart failure, and measured LVEF ≤ 35%; **or**
- ☐ Beneficiary meets one of the previous criteria and has NYHA Class IV heart failure; **and**

☐ Implantation surgery is contraindicated; **or**

☐ A previously implanted defibrillator now requires explantation

Billing Reminders

- The KF modifier must be added to claim lines for codes K0606 and E0617 only if the device is classified by the Food and Drug Administration as a class III device.
- The diagnosis code that justifies the need for the item must be included on the claim.

- The KX modifier must be added to the code if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Replacement supplies and accessories for use with K0606 are coded using K0607-K0609 as appropriate.
- Replacement supplies and accessories for use with E0617 are coded using A9999.

Print Form

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