

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ELECTIVE CARDIAC DEFIBRILLATOR AND PACEMAKER PLACEMENTS**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective April 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is adding prior authorization and clinical review criteria for cardiac defibrillator and pacemaker placements.

### **Explanation of the change:**

Prior authorization and clinical review criteria are being added for **elective** cardiac defibrillator and **elective** pacemaker placement. These procedures remain subject to level of care review.

Clinical review criteria updates and affected CPT codes can be found on the Kaiser Permanente provider website at:

Cardiac Defibrillators:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cardiac\\_defibrillators.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cardiac_defibrillators.pdf)

Pacemakers:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/pacemakers.pdf>

### **Is prior authorization required?**

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.
- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

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