

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR AUTOMATIC EXTERNAL DEFIBRILLATORS

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective August 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for Automatic External Defibrillators.

Explanation of the change:

Kaiser Permanente is updating its Automatic External Defibrillators medical policy. The policy will shift from “no review required” to applying Medicare’s Local Coverage Determination (LCD) criteria to determine medical necessity for non-Medicare members.

To review the Wearable Automatic Defibrillators clinical review criteria, please visit the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/wearable_auto_defibrillator.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.

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
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Provider Communications, RCR-A3W-04
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