



Cardio Policy:

Cardiac Electrophysiology Study without Arrhythmia Induction

POLICY NUMBER UM CARDIO_1101	SUBJECT Cardiac Electrophysiology Study without Arrhythmia Induction	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 04/06/11, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/21/19, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 07/13/22	APPROVAL DATE July 13, 2022	EFFECTIVE DATE July 29, 2022	COMMITTEE APPROVAL DATES 04/06/11, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/21/19, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 07/13/22
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS	APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Cardiac Electrophysiology Study without Arrhythmia Induction.

II. DEFINITIONS

An electrophysiological study (EP study) is an invasive procedure that evaluated abnormal heart rhythm disturbances. During an EP study, small, thin wire electrodes are inserted through a vein in the groin (or neck, in some cases). The wire electrodes are threaded into the heart, using a special type of X-ray, called fluoroscopy. Once in the heart, electrical signals are measured. Electrical signals are sent through the catheter to stimulate the heart tissue to try to initiate the abnormal heart rhythm disturbances for evaluation.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost – effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. EPS is being performed for a patient with symptomatic syncope or near syncope suspected of having sinus node dysfunction but a causal relation between an arrhythmia and the symptoms cannot be established by other means. **(AUC Score 8)**^{1,2,3,4,5}
- B. EPS is being performed for a patient with symptomatic syncope or near syncope suspected or diagnosed His Purkinje second or third-degree AV block. **(AUC Score 8)**^{1,2,3,4,5}
- C. Patients with second or third-degree AV block treated with a pacemaker who remain symptomatic (with syncope or near syncope) in whom ventricular tachyarrhythmia is suspected as a cause of symptoms. **(AUC Score 8)**^{1,2,3,4,5}
- D. EPS being performed for a patient with symptomatic syncope and or near syncope with chronic bundle branch block (RBBB with Left anterior or posterior hemi block) where ventricular arrhythmia is suspected. **(AUC Score 7)**^{1,2,3,4,5}
- E. EPS is being performed for a patient with narrow QRS tachycardia poorly responsive to drug therapy or with associated drug side effects. **(AUC Score 8)**^{1,2,3,4,5}
- F. EPS is being performed for a patient with wide QRS complex tachycardia (sustained and/or symptomatic). **(AUC Score 8)**^{1,2,3,4,5}
- G. EPS is being performed in a patient with W-P-W who participates in high risk occupation/activities, has a family history of premature sudden death or is undergoing cardiac surgery for other reasons. **(AUC Score 7)**^{1,2,3,4,5}
- H. EPS is being performed in a patient with suspected antidromic tachycardia. **(AUC Score 7)**^{1,2,3,4,5}
- I. EPS is being performed in a patient with prolonged QT interval syndrome and evidence of sustained ventricular tachycardia or sudden death. **(AUC Score 8)**^{1,2,3,4,5}
- J. EPS is being performed in a patient with unexplained syncope with known, suspected or without structural heart disease. **(AUC Score 8)**^{1,2,3,4,5}
- K. EPS is being performed in a patient surviving a cardiac arrest. **(AUC Score 8)**^{1,2,3,4,5}

Limitations

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Cardiologist or EP Progress Note that prompted request
 - 2. Recent EKG (within 10 days)

3. Other previous monitoring tests pertinent to referral (Holter, Event Monitoring, Device Analysis)
- B. Primary codes appropriate for this service: 93619 (EPS without induction)

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Sana M. Al-Khatib, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death - A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2018; 138: e272–e391
2. S. Adam Strickberger, MD, etc. AHA/ACCF Scientific Statement on the Evaluation of Syncope. From the American Heart Association Councils on Clinical Cardiology, Cardiovascular Nursing, Cardiovascular Disease in the Young, and Stroke, and the Quality of Care and Outcomes Research Interdisciplinary Working Group; and the American College of Cardiology Foundation In Collaboration With the Heart Rhythm Society. *Circulation* 2006 Volume 113 Number 2, Pages 316-327.
3. Zipes DP, et al. ACC/AHA/ESC 2006 guidelines for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: a report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Develop Guidelines for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death). *Journal of the American College of Cardiology* Sep 2006; Volume 48 Issue 5, Pages 1164-1108.
4. Blomström-Lundqvist C, et al. ACC/AHA/ESC guidelines for the management of patients with supraventricular arrhythmias--executive summary. a report of the American college of cardiology/American heart association task force on practice guidelines and the European society of cardiology committee for practice guidelines (writing committee to develop guidelines for the management of patients with supraventricular arrhythmias) developed in collaboration with NASPE-Heart Rhythm Society. *Journal of the American College of Cardiology*. Oct 2003. Volume 42, Issue 8, Pages 1493-1531.
5. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
6. NCQA UM 2022 Standards and Elements.