



Cardio Policy:

EPS with Transseptal Left Heart Cath with Arrhythmia Induction and VT Ablation

POLICY NUMBER UM CARDIO_1140	SUBJECT Electrophysiology Study with Trans-septal Left Heart Cath with Arrhythmia Induction and VT Ablation		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 08/03/11, 12/12/12, 03/10/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 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 08/03/11, 12/12/12, 03/10/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 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 Electrophysiology Study with Trans-septal Left Heart Catheterization with Arrhythmia Induction and VT Ablation.

II. DEFINITIONS

A cardiac electrophysiology study (EPS) is a test performed to analyze the electrical activity of the heart. It uses cardiac catheters and sophisticated computers to generate EKG tracings and electrical measurements. Radiofrequency ablation consists of the application of unmodulated, high frequency alternating current flow to the heart to injure cells for the purpose of destroying ectopic foci.

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. Ablation is indicated in patients who have symptomatic and sustained monomorphic VT that is drug resistant, who are drug intolerant, or who do not wish long-term drug therapy. **(AUC Score 7)^{1,2,3}**
- B. Ablation is indicated in patients with idiopathic or outflow tract or bundle-branch reentrant VT or in those who are drug intolerant or who do not desire long-term drug therapy. **(AUC Score 7)^{1,2,3}**
- C. Ablation is indicated as adjunctive therapy in patients with an ICD who are receiving multiple shocks as a result of sustained VT that is not manageable by reprogramming or changing drug therapy or who do not wish long-term drug therapy. **(AUC Score 7)^{1,2,3}**
- D. Ablation can be useful therapy in patients who have frequent symptomatic monomorphic PVCs that are drug resistant or who are drug intolerant or who do not wish long-term drug therapy. **(AUC Score 5)^{1,2,3}**
- E. Ablation of Purkinje fiber potentials may be considered in patients with ventricular arrhythmia storm consistently provoked by PVCs of similar morphology. **(AUC Score 4)^{1,2,3}**
- F. Ablation of asymptomatic relatively infrequent PVCs is not indicated.
- G. Ablation of asymptomatic PVCs (with a burden of $\geq 20\%$ by ambulatory monitoring) may be considered when the PVCs are very frequent to avoid or treat tachycardia-induced cardiomyopathy. **(AUC Score 4)^{1,2,3}**
- H. For patients who require arrhythmia suppression for symptoms or declining ventricular function suspected to be due to frequent PVCs (with a burden of $\geq 20\%$ by ambulatory monitoring) and for whom antiarrhythmic medications are ineffective, not tolerated, or not the patient's preference. **(AUC Score 8)**

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: Trans Septal Left Heart Cath: 93462. VT Ablation: 93654

V. APPROVAL AUTHORITY

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

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Al-Khatib SM, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death. Circulation Sep 2018 Volume 138 Number 13, Pages e272-e391.
2. Douglas P. Zipes MD, et al. ACC/AHA/ESC 2006 Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death—Executive Summary: 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. Sept 2006. Volume 48, Issue 5, Page 1064-1108.
3. 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.
4. NCQA UM 2022 Standards and Elements.