New Century Health

Cardio Policy:

EPS with AI, Pacing after DI and Atrial or SVT and AP Ablation

POLICY NUMBER UM CARDIO_1141	**SUBJECT** Electrophysiology Study with Arrhythmia Induction, Pacing After Drug Infusion and Atrial or Supraventricular Foci Ablation and Accessory Pathway	**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 08/03/11, 12/12/12, 02/18/14, 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, 02/01/23	**APPROVAL DATE** February 1, 2023	**EFFECTIVE DATE** February 1, 2023	**COMMITTEE APPROVAL DATES** 08/03/11, 12/12/12, 02/18/14, 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, 02/01/23
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 Arrhythmia Induction, pacing after Drug Infusion and Atrial or Supraventricular Foci Ablation, including accessory pathway.

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.

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

Guideline directed medical therapy (GDMT) are outlined by joint American College of Cardiology (ACC)/American Heart Association (AHA) in cardiovascular clinical practice guidelines as Class I recommendation. These are maximally tolerated medications for a cardiovascular condition, when prescribed, have shown to improve healthcare outcomes such as survival along with significant reduction in major adverse cardiovascular events and hospitalization. For all recommended drug treatment regimens, the prescriber should confirm the dosage with product insert material and carefully evaluate for contraindications and interactions[1,2,3,4]

III. POLICY

Patients should be on maximally tolerated GDMT.

Indications for approving a request for medical necessity are:

A. Patient presenting with frequent or poorly tolerated episodes of narrow QRS tachycardia or atrial flutter not adequately responding to therapy. **(AUC Score 8)[1,2,3,4]**

B. Patient presenting with narrow QRS tachycardia that prefers ablative therapy to pharmacologic management. **(AUC Score 8)[1,2,3,4]**

C. Patient presenting with frequent episodes of narrow QRS tachycardia and there is concern about side effects of the antiarrhythmic drug. **(AUC Score 8)[1,2,3,4]**

D. Patient presenting with ventricular pre-excitation that is asymptomatic, yet his livelihood or profession could be affected by possibility of tachyarrhythmia's or an abnormal EKG. **(AUC Score 6)[1,2,3,4]**

E. Patient with documented symptomatic wide complex tachycardia and with evidence of WPW/Pre-excitation syndrome. **(AUC Score 8)[1,2,3,4]**

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

B. Before proceeding with ablation for a patient with SVT the following must be considered: Predicted or observed lack of adequate response to maximally tolerated GDMT.[1,2,3,4]

IV. PROCEDURE

A. 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: Drug Infusion-93623, SVT/Aflutter Ablation- 93653, Accessory Pathway Ablation- 93653

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Page RL, et al. 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients with Supraventricular Tachycardia: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Journal of the American College of Cardiology. April 2016. Volume 67, Issue 13, Pages e27-115.
2. Anderson, JL, et al. Management of Patients with Atrial Fibrillation (Compilation of 2006 ACCF/AHA/ESC and 2011 ACCF/AHA/HRS Recommendations) A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. May 2013. Volume 61, Issue 18, Pages 1935–44.
3. 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, Page 1493-531
4. 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.
5. NCQA UM 2022 Standards and Elements.