New Century Health

Cardio Policy:

EPS with AI for AFib AVN and AP Ablation

POLICY NUMBER UM CARDIO_1142	SUBJECT Electrophysiology Study with Arrhythmia Induction for Atrial Fibrillation Ablation, AV Node Ablation and Accessory Pathway		DEPT/PROGRAM UM Dept	PAGE 1 OF 4
DATES COMMITTEE REVIEWED 08/03/11, 12/12/12, 02/18/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 03/05/19, 05/08/19, 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, 03/05/19, 05/08/19, 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 for Atrial Fibrillation ablation, AV Node Ablation and Accessory pathway Ablation.

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[1,2,3,4,5,6].

III. POLICY

Patients should be on maximally tolerated GDMT.

Indications for approving a request for medical necessity are:

A. Newly discovered Atrial Fibrillation (Atrial Fibrillation Ablation and Accessory pathway Ablation)
   1. Patient with EKG evidence of pre-excitation or WPW syndrome with disabling arrhythmia related symptoms. **(AUC Score 7)**[1,2,3,4]
   2. Patient with newly discovered Atrial Fibrillation with disabling arrhythmia related symptoms and evidence of rate control and/or anti-arrhythmic drug (at least 1 Class I or III)/EC treatment failure with evidence of a normal or mildly dilated left atrium, normal or mildly decreased LV function and absence of pulmonary hypertension when a rhythm control strategy is desired. **(AUC Score 9)**[1,2,3,4]

B. Paroxysmal Atrial Fibrillation (Atrial Fibrillation Ablation and Accessory Pathway Ablation)
   1. Patient with EKG evidence of pre-excitation or WPW syndrome with disabling arrhythmia related symptoms. **(AUC Score 7)**[1,2,3,4]
   2. Patient with symptomatic recurrence of Atrial Fibrillation with evidence of rate control and/or anti arrhythmic drug (at least 1 Class I or III)/EC treatment failure with evidence of a normal or mildly dilated left atrium, normal or mildly decreased LV function and absence of pulmonary hypertension when a rhythm control strategy is desired. **(AUC Score 9)**[1,2,3,4]

C. Persistent Atrial Fibrillation (Atrial Fibrillation Ablation and Accessory Pathway Ablation)
   1. Patient with EKG evidence of pre-excitation or WPW syndrome with disabling arrhythmia related symptoms. **(AUC Score 7)**[1,2,3,4]
   2. Patient with persistent Atrial Fibrillation with evidence of rate control and / or anti arrhythmic drug (at least 1 Class I or III) /EC treatment failure with evidence of a normal or mildly dilated left atrium, or normal or mildly decreased LV function and absence of pulmonary hypertension. **(AUC Score 9)**[1,2,3,4]

D. Permanent Atrial Fibrillation (AV Nodal Ablation and Accessory Pathway Ablation)
   1. Patient with EKG evidence of pre-excitation or WPW syndrome with disabling arrhythmia related symptoms. **(AUC Score 7)**[1,2,3,4]

2. Frequent or poorly tolerated episodes of narrow QRS tachycardia (rapid ventricular response), not adequately responding to guideline directed medical therapy. **(AUC Score 6)**[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 Atrial Fibrillation the following must be considered: Predicted or observed lack of adequate response to maximally tolerated GDMT.[1,2,3,4,5,6]

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, etc.)

B. Primary codes appropriate for this service: AV Nodal Ablation-93650, Accessory Pathway Ablation- 93653, Atrial Fibrillation Ablation- 93656, 93657

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-e115.
2. Craig T. January, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. Journal of the American College of Cardiology. Dec 2014. Volume 64, Issue 21, Pages e1-76.
3. 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.
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. January CT, et al. 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. J Am Coll Cardiol. 2019 Jul 9;74(1):104-132.
6. Douglas Packer, MD et.al. Ablation Versus Drug Therapy for Atrial Fibrillation in Heart Failure. Results From the CABANA Trial. Circulation. 2021; 143:1377–13904.
7. NCQA UM 2022 Standards and Elements.