



# Cardio Policy:

## Synchronized Electrical Cardioversion

<b>POLICY NUMBER</b> UM CARDIO_1148	<b>SUBJECT</b> Synchronized Electrical Cardioversion	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 08/03/11, 12/12/12, 02/18/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 01/12/22	<b>APPROVAL DATE</b> January 12, 2022	<b>EFFECTIVE DATE</b> January 28, 2022	<b>COMMITTEE APPROVAL DATES</b> 08/03/11, 12/12/12, 02/18/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 01/12/22
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2	<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>	<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. PURPOSE

Indications for determining medical necessity for Synchronized Electrical Cardioversion.

### II. DEFINITIONS

Synchronized electrical cardioversion is a medical procedure by which an abnormally fast heart rate or cardiac arrhythmia is converted to a normal rhythm using a therapeutic dose of electric current to the heart, at a specific moment in the cardiac cycle.

Good Candidacy for Synchronized electrical cardioversion is defined as a patient who had failed guideline directed medical therapy or has mildly dilated Left Atrium and/or normal or mildly decreased LV function with absence of Pulmonary Hypertension.

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. Evidence of first episode or recurrent Atrial Flutter with failed on pharmacological therapy and patient is a suitable candidate for synchronized cardioversion. **(AUC Score 8)**<sup>1,2,3,4</sup>
- B. Newly discovered or recurrent or persistent Atrial Fibrillation with or without pre-excitation, in a patient with rate control and/or antiarrhythmic drug treatment failure, normal or mildly dilated Left Atrium and is a good candidate for synchronized cardioversion. **(AUC Score 8)**<sup>1,2,3,4</sup>

#### 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. Progress notes that prompted request (including medication list)
  - 2. Recent EKG (less than 10 days)
  - 3. Most recent Holter/Event monitor/loop recorder/device interrogation strips report, if applicable.
- B. Primary codes appropriate for this service: 92960

### V. APPROVAL AUTHORITY

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

### VI. ATTACHMENTS

- A. None

### VII. REFERENCES

- 1. Craig T. January, MD, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation. Journal of the American College of Cardiology. Dec 2014. Volume 64, Issue 21, Pages e1-76.
- 2. Roy D, et al. Rhythm control versus rate control for atrial fibrillation and heart failure. The New England Journal of Medicine. June 2008. Volume 358, Issue 25, Pages 2667-77.
- 3. Corley SD, et al. Relationships between sinus rhythm, treatment, and survival in the Atrial Fibrillation Follow-Up Investigation of Rhythm Management (AFFIRM) Study. March 2004. Volume 109, Issue 12, Pages 1509-13.
- 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.