I. POLICY/Criteria

A. Electrophysiology (EP) testing does not require prior authorization.

B. Catheter ablation for cardiac arrhythmias is a covered benefit according to InterQual® criteria.

C. High-intensity focused ultrasound (HIFU), (e.g. the Epicor™ system) as a stand-alone ablative procedure for atrial fibrillation is considered investigational and is not a covered benefit. The Epicor™ procedure was reviewed by Priority Health’s Technology Assessment Committee in June 2006 and this policy reflects the recommendations of the committee.

II. MEDICAL NECESSITY REVIEW

☒ Required ☐ Not Required ☐ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

☒ HMO/EPO: This policy applies to insured HMO/EPO plans.
☒ POS: This policy applies to insured POS plans.
☒ PPO: This policy applies to insured PPO plans.
☒ ASO: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
☒ INDIVIDUAL: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
☒ MEDICARE: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
☒ MEDICAID/HEALTHY MICHIGAN PLAN: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between
this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Atrial fibrillation (AF) is the most commonly diagnosed cardiac rhythm disturbance, with an incidence of 0.4% in the general population. AF occurs in a high percentage of patients with mitral valve (MV) disease, although it can also occur in individuals with no associated cardiac abnormalities. It is characterized by loss of normal sinoatrial electrical signal and rapid, fine, uncoordinated contraction of the atria.

Atrial fibrillation is associated with morbidity and mortality despite therapy with current antiarrhythmic drugs. Even the best available medical therapy only yields a 50-60 percent annual success rate in maintaining sinus rhythm. Side effects of these drugs can be problematic. Catheter ablation of arrhythmogenic foci can be performed using radiofrequency, microwave, cryotherapy or ultrasound technology. The Maze (or Cox-Maze) procedure is an open surgical ablative procedure for atrial fibrillation that can be done alone or in conjunction with valve repair or replacement. High-intensity focused ultrasound (HIFU), the Epicor™ system, may also be used for ablation in conjunction with other open heart procedures.

Initial experience with catheter ablation procedures based on a creation of linear lesions in both atria was disappointing but led to the key observation that focal triggers localized in the pulmonary veins were responsible for initiation of atrial fibrillation and are thus suitable targets for catheter ablation.

Electrical isolation of all four pulmonary veins from the left atrium provides the highest cure rates for atrial fibrillation. However, the procedure is operator dependent and is associated with a small but significant risk of pulmonary vein stenosis. Given the complexity and difficulties in ablating multiple pulmonary veins, ablation of atrial fibrillation is not considered the initial treatment of choice or the standard of care for the treatment of atrial fibrillation.

The optimal treatment method for patients who have idiopathic paroxysmal fibrillation appears to be left atrial catheter ablation as opposed to segmental ostial catheter ablation. Patients with chronic or persistent atrial fibrillation and patients with vago-tonic type of paroxysmal atrial fibrillation pulmonary vein isolation have a low success rate. In these subgroups and in patients with paroxysmal atrial fibrillation that does not respond to pulmonary vein isolation, an approach that involves ablation within the left atrium, it is likely but not proven to yield better results.
**Future Studies:**

It is expected that with further advances in technology and simplification of techniques, radio frequency ablation of atrial fibrillation will become a widespread procedure. Methods to reduce the risk of pulmonary veins stenosis are under development. These technological developments primarily focus on design of the catheter tip, including diameter of the catheter tip and method for delivering ablative energy. Balloon-based, ultra-sound catheters using laser and cryoablation are currently being designed, as are circular catheters through which either radiofrequency or cryo lesions can be delivered.

V. **CODING INFORMATION**

**ICD-10 Codes** that may apply:

- I44.30 – I44.7 Other and unspecified atrioventricular block
- I45.0 – I45.9 Other conduction disorders
- I46.2 Cardiac arrest due to underlying cardiac condition
- I46.9 Cardiac arrest, cause unspecified
- I47.0 – I47.9 Paroxysmal tachycardia
- I48.0 – I48.92 Atrial fibrillation and flutter
- I49.0 – I49.9 Other cardiac arrhythmias
- I97.190 – I97.191 Other postprocedural cardiac functional disturbances following surgery
- I97.790 – I97.791 Other intraoperative cardiac functional disturbances during surgery

**CPT/HCPCS Codes**

- 93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
- 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
- 93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D
mapping, when performed, and left ventricular pacing and recording, when performed

93656 Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording. His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation

93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)

93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)

93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)

Not Covered
93799 Unlisted cardiovascular service or procedure
*(Not covered when used for High-intensity focused ultrasound (HIFU) ablation. Explanatory notes must accompany claim)*

VI. REFERENCES


Microwave Surgical Ablation System for Treatment of Atrial Fibrillation, Hayes Brief, July 17, 2005.


Guidant Microwave Ablation System, Hayes Search & Summary March 30, 2005

Radiofrequency Ablation (Isolation) of the Pulmonary Veins for the Treatment of Atrial Fibrillation, Hayes Search & Summary, June 2, 2006.


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High Intensity Focused Ultrasound (HIFU), Cigna Medical Coverage Policy, @