Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Preview questionnaire

Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia

For Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠

Effective April 9, 2023

Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *93653, *93654, **93656

***CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.**

See below for the questions you'll encounter in the e-referral system.

Q Does the patient nonsustained (at least 30 seconds) ventricular tachycardia by electrocardiogram and ONE of the following (A-F)? A. Presyncope or syncope by history. B. Palpitations. C. Chest pain or discomfort. D. Dyspnea. E. Ejection fraction less than or equal to 40% by testing. F. Arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C) by testing.

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Has the patient tried treatment with one of the following (A-C)? A. Recurrent or continued arrhythmia on antiarrhythmic medication. B. Antiarrhythmic medication contraindicated or not tolerated. C. Long-term antiarrhythmic medication not desired.

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Did the patient have coronary artery disease evaluation by testing and ONE of the following (A-D)? A. No coronary artery disease or ischemia. B. Stenosis not significant enough to warrant revascularization. C. Percutaneous coronary intervention or coronary artery bypass graft performed at least 12 weeks prior. D. Lesion not amenable to revascularization.

A ☐ Possible answers: ☐ Yes ☐ No ☐ N/A

Q Have transient or reversible causes of the arrythmia been excluded ALL (A-E)? A. Drug toxicity. B. Electrolyte abnormalities. (e.g., hypokalemia, hypomagnesemia). C. Thyroid disorders. D. Recent surgery. E. Myocardial ischemia.

A ☐ Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have nonsustained (at least 30 seconds) ventricular tachycardia after a cardiac ablation at least 12 weeks ago and A? A. Coronary artery disease evaluation by testing and ONE: i. No coronary artery disease or ischemia. ii. Stenosis not significant enough to warrant revascularization. iii. Percutaneous coronary intervention or coronary artery bypass graft performed at least 12 weeks ago. iv. Lesion not amenable to revascularization.

A ☐ Possible answers: ☐ Yes ☐ No ☐ N/A