

## Preview questionnaire

### Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia

For Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial and BCN Advantage<sup>SM</sup>

Effective Jan. 1, 2022

#### Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial 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

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

**Q** Does the patient have ONE of the following and has NOT had a cardiac ablation in the past (A-C)? A. Suspected atrioventricular nodal reentrant tachycardia (AVNRT) by electrocardiogram. B. Suspected atrioventricular reentrant tachycardia (AVRT) by electrocardiogram. C. Suspected focal atrial tachycardia by electrocardiogram.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have one of the following symptoms (A-D)? A. Presyncope or syncope by history. B. Palpitations. C. Chest pain or discomfort. D. Dyspnea.

**A**

Possible answers:  Yes  No  N/A

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**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** Have transient or reversible causes of the arrhythmia been excluded ALL (A-E)? A. Drug toxicity. B. Electrolyte abnormalities. C. Thyroid disorders. D. Recent surgery. E. Myocardial ischemia.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have suspected AVNRT, AVRT or focal atrial tachycardia AFTER a cardiac ablation at least 12 weeks ago AND transient or reversible causes of the arrhythmia are excluded ALL (A-E)? A. Drug toxicity. B. Electrolyte abnormalities. C. Thyroid disorders. D. Recent surgery. E. Myocardial ischemia.

**A**

Possible answers:  Yes  No  N/A