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## Preview questionnaire Radiofrequency ablation (RFA), cardiac, trigger

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

Effective Jan. 1, 2022 — Revised Dec. 17, 2021

### Radiofrequency ablation (RFA), cardiac, trigger

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 the next page to preview the question you'll encounter in the e-referral system.

Does the patient have one of the following conditions (A-I)?

**Q** A. Atrial fibrillation (AF) by electrocardiogram (ECG).

**A**  Yes

**Q** B. Atrial flutter by electrocardiogram (ECG).

**A**  Yes

Check Yes for the appropriate conditions

Question continued on next page

Question continued from previous page

**Q** C. Frequent monomorphic premature ventricular contractions (PVCs) by electrocardiogram (ECG).

**A**  Yes

**Q** D. Nonsustained (at least 30 seconds) ventricular tachycardia (VT) by electrocardiogram (ECG).

**A**  Yes

**Q** E. Preexcitation syndrome or Wolff-Parkinson-White (WPW) syndrome by electrocardiogram (ECG).

**A**  Yes

**Q** F. Suspected atrioventricular nodal reentrant tachycardia (AVNRT) by electrocardiogram (ECG).

**A**  Yes

**Q** G. Suspected atrioventricular reentrant tachycardia (AVRT) by electrocardiogram (ECG).

**A**  Yes

**Q** H. Suspected focal atrial tachycardia by electrocardiogram (ECG).

**A**  Yes

**Q** I. Sustained (more than 30 seconds) ventricular tachycardia (VT) by electrocardiogram (ECG).

**A**  Yes

**Q** J. Please check the box below if the patient does not have any of the above conditions.

**A**  None of the above conditions are applicable

Check Yes for the appropriate  
conditions