

Catheter Ablation Policy

UnitedHealthcare Community Plan of New Jersey

Together, we've been focused on working toward achieving better health outcomes, improving patient experience and lowering the cost of care. One way we can help improve cost efficiencies for the overall health care system is to conduct medical necessity reviews, consistent with the member's benefit plan and applicable state law, for catheter ablation services.

What's changing

Effective for dates of service starting June 1, 2021, CPT® codes 93653 and 93656 for catheter ablations for supraventricular tachycardia (SVT) and atrial fibrillation (AFIB) will require prior authorization. Prior authorization review will apply to the UnitedHealthcare Dual Complete® ONE (FIDE SNP) benefit plan in New Jersey.

We're making this change as we implement a new policy using the InterQual® criteria. Click [here](#) to view the InterQual® criteria.

Why we're making this change

Catheter ablation for SVT and AFIB is proven and medically necessary in certain circumstances. Catheter ablation is an invasive procedure with side effects and risks, and should be used after establishing that drug therapy is not an option for the member.

How this affects you

If your patient requires a catheter ablation procedure for SVT or AFIB, you'll need to submit a prior authorization request for dates of service beginning June 1, 2021. We support the decisions between a care provider and their patients, and therefore, catheter ablation for SVT or AFIB for the treatment of irregular contractions of the heart will be covered for certain clinical indications based on available clinical evidence.

The medical necessity criteria in our medical policy states catheter ablation for atrial fibrillation is proven and medically necessary in certain circumstances. Catheter ablation for atrial fibrillation is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2020, Apr. 2020 Release, CP: Procedures, Electrophysiology (EP) Testing +/- Radiofrequency Ablation (RFA), Cardiac.

Notification/prior authorization

- We conduct medical necessity reviews under the terms of the member's benefit plan, which requires services to be medically necessary, including cost-effective, to be covered.
- Consistent with existing prior authorization requirements, if we determine the requested service isn't medically necessary, you'll need to submit a new prior authorization request if you make a change to the service.

- If you don't notify us or complete the notification/prior authorization process before the service is rendered, we may deny the claims and you won't be able to bill the member for the service.
- Prior authorization isn't required for emergency or urgent care services
- Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergency or urgent care.

How to request notification/prior authorization

The process for completing notification/prior authorization requests remains the same. You can request notification/prior authorization:

- **Online:** Go to UHCprovider.com/paan and select Prior Authorization and Notification.
- **By Phone:** Call **877-842-3210** from 7 a.m. to 7 p.m. Eastern Time, Monday through Friday.

Resources

- You can view the full list of services requiring prior authorization at UHCprovider.com/NJcommunityplan > Prior Authorization and Notification > [Current Prior Authorization Plan Requirements](#) > UnitedHealthcare Medicare Solutions & UnitedHealthcare Community plan (Dual Special Needs Plan) Authorization Requirements.
- Medical policies can be viewed at UHCprovider.com/NJcommunityplan > [Policies and Clinical Guidelines](#).

We're here to help

If you have questions, please call Provider Services at **888-362-3368**, Monday through Friday, 6 a.m. to 6 p.m. Eastern Time. Thank you.