

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 4.7
TITLE: **ABLATION OF ABERRANT CONDUCTING PATHWAYS OF THE HEART**

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b), (c)

I. EFFECTIVE DATE

- A. October 1, 1990, for supraventricular tachycardias.
- B. October 1, 1990, for atrioventricular nodal reentrant tachycardias.
- C. February 1, 1993, for hemodynamically stable, idiopathic ventricular tachycardias.

II. PROCEDURE CODE(S)

93650-93652

III. DESCRIPTION

Radiofrequency catheter ablation of cardiac arrhythmic foci involves placement of multiple recording catheters within the heart for electrophysiologic localization and mapping of aberrant conduction pathways. An additional "ablative" catheter, which is connected to a radiofrequency energy source, is then positioned directly on the identified aberrant conducting tissue and the energy source is applied. This technique is not the same as cryoablation or direct current fulguration.

IV. POLICY

A. Radiofrequency catheter ablation coverage may be provided for the treatment of the following dysrhythmias subject to the review criteria presented in paragraph B. below:

- 1. Supraventricular tachycardias (e.g., those associated with Wolff-Parkinson-White syndrome, or atrial fibrillation),
- 2. Atrioventricular nodal reentrant tachycardias, and

3. Hemodynamically stable, idiopathic ventricular tachycardias (regardless of structural heart disease).

B. Coverage may be provided only when the medical record documents the following:

1. The dysrhythmia causes a functional impairment, and
2. An adequate trial on non-invasive management (pharmaceutical management) has failed.

END OF POLICY