

Oregon Health Plan Prioritized List Changes Ablation for Atrial Fibrillation

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on January 8, 2015, based on the approved coverage guidance, “Ablation for Atrial Fibrillation.” The changes will take effect for the Oregon Health Plan on October 1, 2015.

Line coding changes:

- 1) Remove procedures used solely for ablation of atrial fibrillation from line 286
LIFE-THREATENING CARDIAC ARRHYTHMIAS
 - a. CPT 33254-33259, 33265, 33266
- 2) Remove 33261 (Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass) from lines 73 ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION and 193 CHRONIC ISCHEMIC HEART DISEASE
 - a. Arrhythmias being treated by this procedure will be on lines 286 or 350

New guideline note:

GUIDELINE NOTE XXX ABLATION PROCEDURES FOR ATRIAL FIBRILLATION

Line 350

AV nodal ablation (CPT 33250, 33251, 33261, 93650) pairs with atrial fibrillation (ICD-9 427.31/ICD-10 I48.0, I48.1, I48.2, I48.91) only for patients with inadequate ventricular rate control resulting in symptoms, left ventricular systolic dysfunction or substantial risk of left ventricular systolic dysfunction, when pharmacological therapy for rate control is ineffective or not tolerated

Transcatheter pulmonary vein isolation (93656-93657) pairs with atrial fibrillation (ICD-9 427.31/ICD-10 I48.0, I48.1, I48.2, I48.91) only for patients who remain symptomatic from atrial fibrillation despite rate control medications and antiarrhythmic medications.

Surgical ablation (pulmonary vein isolation or Maze procedure) (CPT 33254-33259, 33265, 33266) only pairs with atrial fibrillation (ICD-9 427.31/ICD-10 I48.0, I48.1, I48.2, I48.91) at the time of other cardiac surgery for patients who remain symptomatic despite rate control medications.