

PRIOR AUTHORIZATION for CARDIAC CATHETER ABLATION and RADIOABLATION

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Member & Provider Services at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Date Requested:	Name (Last, First MI):	DOB:	Age:	PEHP ID #:
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Section II: PROVIDER INFORMATION

Rendering Provider:	Rendering Provider Address:
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Provider NPI #:	Provider TIN #:	Contact Person:	Phone: ()	Facsimile: ()	Email Address:
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Facility/Hospital:	Facility/Hospital Address:
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Facility NPI #:	Facility TIN #:	Contact Person:	Phone: ()	Facsimile: ()	Email Address:
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Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: <i>Please check.</i>	Requested Dates of Service:	Place of Service: <i>Please check.</i>
<input type="checkbox"/> Auth Extension <input type="checkbox"/> Pre-Auth <input type="checkbox"/> Retro Auth <input type="checkbox"/> Urgent	From: To:	<input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Inpatient <input type="checkbox"/> Office <input type="checkbox"/> Outpatient

Primary Diagnosis/ICD-10 Code:	Secondary Diagnosis/ICD-10 Code:
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Service (s) Requested: *Please list all requested services regardless of pre-authorization requirement. Unlisted codes cannot be pre-authorized.*

Service Description: _____ CPT/HCPCS: _____

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A. Type of Arrhythmia to be Treated: *Please check all that apply.*

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Atrial Fibrillation
2. <input type="checkbox"/> Atrial Flutter
3. <input type="checkbox"/> Atrial Tachycardia
4. <input type="checkbox"/> Atrioventricular Nodal Reentrant Tachycardia
5. <input type="checkbox"/> Atrioventricular Reentrant Tachycardia
6. <input type="checkbox"/> Benign Non-Sustained Ventricular Tachycardia
7. <input type="checkbox"/> Bundle Branch Ventricular Tachycardia
8. <input type="checkbox"/> Inappropriate Sinus Tachycardia
9. <input type="checkbox"/> Junctional Tachycardia
10. <input type="checkbox"/> Long QT Syndrome
11. <input type="checkbox"/> Monomorphic Ventricular Tachycardia | 12. <input type="checkbox"/> Multifocal Atrial Tachycardia
13. <input type="checkbox"/> Multiple Ventricular Tachycardia
14. <input type="checkbox"/> Non-Paroxysmal Junctional Tachycardia
15. <input type="checkbox"/> Pacemaker-Mediated Tachycardia
16. <input type="checkbox"/> Paroxysmal Atrial Fibrillation
17. <input type="checkbox"/> Paroxysmal Supraventricular Tachycardia
18. <input type="checkbox"/> Peri-Mitral Flutter
19. <input type="checkbox"/> Persistent Atrial Fibrillation
20. <input type="checkbox"/> Polymorphic Ventricular Tachycardia
21. <input type="checkbox"/> Postural Orthostatic Sinus Tachycardia
22. <input type="checkbox"/> Premature Atrial Contraction | 23. <input type="checkbox"/> Premature Ventricular Contraction
24. <input type="checkbox"/> Rapid Ventricular Response
25. <input type="checkbox"/> Sick Sinus Syndrome
26. <input type="checkbox"/> Sinus Tachycardia
27. <input type="checkbox"/> Supraventricular Tachycardia
28. <input type="checkbox"/> Tachycardia-Bradycardia Syndrome
29. <input type="checkbox"/> Unstable Ventricular Tachycardia
30. <input type="checkbox"/> Ventricular Tachycardia
31. <input type="checkbox"/> Wolff-Parkinson-White Syndrome
32. <input type="checkbox"/> Other _____ |
|--|--|---|

B. Type of Cardiac Ablation being Requested: *Please check all that apply.*

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Alcohol Ablation of Vein of Marshall (VOM ethanol infusion)
2. <input type="checkbox"/> Cardioneuroablation
3. <input type="checkbox"/> Catheter Ablation
4. <input type="checkbox"/> Intra-Myocardial Infusion Needle Catheter Ablation
5. <input type="checkbox"/> Non-Invasive Cardiac Radioablation | 6. <input type="checkbox"/> Operative Ablation in Conjunction with Other Cardiac Surgeries Performed Off-Pump
7. <input type="checkbox"/> Radiofrequency Ablation
8. <input type="checkbox"/> Sinus Node-Sparing Hybrid Ablation | 9. <input type="checkbox"/> Stand-Alone Operative Ablation
10. <input type="checkbox"/> Other _____ |
|---|--|--|

<i>(Please check indication/service being requested.)</i>	QUESTION	YES	NO	COMMENTS/NOTES
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C. ☐ Accessory Pathway Tachycardia:

1. Does the patient have asymptomatic accessory pathway tachycardia with ventricular pre-excitation (VPE) and a high-risk occupation that poses a public safety risk due to unpredictable spontaneous arrhythmias that can cause collapse or loss of consciousness?	□	□	
2. Is the patient asymptomatic but the accessory pathway exhibited features on electrophysiology testing that are associated with an increased risk of sudden cardiac death (SCD)?	□	□	
3. Does the patient have Wolff-Parkinson-White (WPW) syndrome and a family history of SCD?	□	□	
4. Does the patient have symptomatic WPW with presence of ventricular pre-excitation on ECG?	□	□	

D. ☐ Atrial Fibrillation (AFib):

1. Does the patient have symptomatic AFib despite appropriate pharmacological ventricular rate control, and they are considered to be appropriate for catheter ablation?	□	□	
2. Does the patient have AFIB, with documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable, and that a localized arrhythmogenic focus has been identified?	□	□	

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Name (Last, First MI):	DOB:	Age:	PEHP ID #:		
(Please check indication/service being requested.)			QUESTION (cont'd)		
			YES	NO	COMMENTS/NOTES
3. Does the patient have AFib, with documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable, and that a localized arrhythmogenic focus has been identified?			<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the patient have AFib with heart failure with reduced ejection fraction (HFrEF) and tachycardia-mediated cardiomyopathy (TMC) is highly suspected?			<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the patient have AFib with HFrEF but TMC is not suspected and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the patient have AFib with hypertrophic cardiomyopathy (HCM) and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the patient have AFib with insufficient pharmacological ventricular rate control?			<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the patient have AFib with rapid ventricular rates (RVR) that was identified during electrophysiological testing for another arrhythmia?			<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the patient have AFib with repeated implantable cardioverter defibrillator (ICD) shocks due to AFib with rapid ventricular rate (RVR) that is unresponsive to device reprogramming or appropriate AAD adjustments?			<input type="checkbox"/>	<input type="checkbox"/>	
10. Did the patient have AFib with ventricular pre-excitation (VPE) on ECG, consistent with an accessory pathway?			<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the patient have asymptomatic accessory pathway tachycardia with ventricular pre-excitation (VPE) and a high-risk occupation that poses a public safety risk due to unpredictable spontaneous arrhythmias that can cause collapse or loss of consciousness?			<input type="checkbox"/>	<input type="checkbox"/>	
12. Was the patient successfully resuscitated following sudden cardiac death attributed to AFib, without evidence of an accessory conduction pathway?			<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the patient have symptomatic paroxysmal or persistent AFib and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
E. <input type="checkbox"/> Atrial Flutter (AFL):					
1. Does the patient have AFL that occurs in conjunction with paroxysmal atrial fibrillation and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the patient have AFL and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the patient have AFL with ventricular pre-excitation (VPE) on ECG, consistent with an accessory pathway?			<input type="checkbox"/>	<input type="checkbox"/>	
4. Was the patient successfully resuscitated following sudden cardiac death attributed to AFL, without evidence of an accessory conduction pathway?			<input type="checkbox"/>	<input type="checkbox"/>	
F. <input type="checkbox"/> Atrial Tachycardia (AT):					
1. Does the patient have AT that occurs in conjunction with paroxysmal atrial fibrillation and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the patient have AT and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the patient have recurrent and symptomatic focal atrial tachycardia (FAT) and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the patient have recurrent and symptomatic multifocal tachycardia (MAT) that is causing tachycardia-mediated cardiomyopathy (TMC) and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
G. <input type="checkbox"/> Atrioventricular Nodal Reentrant Tachycardia (AVNRT):					
1. Does the patient have presumed AVNRT but there was evidence of dual AV nodal conduction and retrograde atrial activity without inducible AVNRT on electrophysiologic testing?			<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the patient have sustained AVNRT that was identified during electrophysiological study or catheter ablation targeting a separate arrhythmia?			<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the patient have sustained and symptomatic AVNRT and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
H. <input type="checkbox"/> Atrioventricular Reentrant Tachycardia (AVRT):					
1. Does the patient have asymptomatic AVRT with ventricular pre-excitation (VPE) and a high-risk occupation that poses a public safety risk due to unpredictable spontaneous arrhythmias that can cause collapse or loss of consciousness?			<input type="checkbox"/>	<input type="checkbox"/>	
2. Was AVRT identified during electrophysiological testing for another arrhythmia?			<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the patient have recurrent and symptomatic AVRT and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
I. <input type="checkbox"/> Junctional Tachycardia (JT):					
1. Does the patient have recurrent and symptomatic JT and is there documentation that appropriate antiarrhythmic drugs (AAD) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
J. <input type="checkbox"/> Non-Paroxysmal Junctional Tachycardia (NPJT):					
1. Does the patient have recurrent and symptomatic non-paroxysmal junctional tachycardia and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>	
K. <input type="checkbox"/> Operative Ablation:					
1. Does the patient have symptomatic atrial fibrillation (AFib), and is operative ablation planned to be performed concomitantly with another cardiac surgery involving cardiopulmonary bypass on a beating heart (also known as off-pump coronary artery bypass grafting [OPCAB] or beating-heart bypass surgery)?			<input type="checkbox"/>	<input type="checkbox"/>	

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Name (Last, First MI):	DOB:	Age:	PEHP ID #:			
<i>(Please check indication/service being requested.)</i>			QUESTION (cont'd)	YES	NO	COMMENTS/NOTES
2. Does the patient require stand-alone operative ablation for chronic symptomatic AFib after a prior unsuccessful cardiac catheter ablation, and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
L. <input type="checkbox"/> Pacemaker-Mediated Tachycardia (PMT):						
1. Does the patient have a dual-chamber pacemaker and the PMT is unresponsive to device reprogramming or appropriate antiarrhythmic medication adjustments?			<input type="checkbox"/>	<input type="checkbox"/>		
M. <input type="checkbox"/> Paroxysmal Supraventricular Tachycardia (PSVT):						
1. Does the patient have asymptomatic PVST with a ventricular pre-excitation syndrome (e.g., WPW syndrome) and electrophysiology testing identified high-risk features?			<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the patient have asymptomatic PVST with ventricular pre-excitation (VPE) and a high-risk occupation that poses a public safety risk due to unpredictable spontaneous arrhythmias that can cause collapse or loss of consciousness?			<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the patient have symptomatic PVST and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
N. <input type="checkbox"/> Premature Ventricular Contractions (PVCs):						
1. Does the patient have a high PVC burden (e.g., greater than 15%) that is contributing to or causing left ventricular dysfunction, and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
2. Did the patient have an inadequate or absent response to cardiac resynchronization therapy (CRT) due to frequent unifocal PVCs interfering with consistent biventricular pacing, and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
O. <input type="checkbox"/> Sick Sinus Syndrome (SSS):						
1. Does the patient have symptomatic SSS with coexisting AFib and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the patient have symptomatic tachycardia-bradycardia syndrome with the bradycardia being managed with a pacemaker, but the tachycardia remains symptomatic and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
P. <input type="checkbox"/> Supraventricular Ventricular Tachycardias (SVT) in Children Less Than 18 Years Old:						
1. Does the patient have persistent or recurrent SVT that is associated with ventricular dysfunction and the patient weighs ≥15 kilograms or 33 pounds?			<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the patient have persistent or recurrent SVT and there is documentation that medical therapy, including appropriate antiarrhythmic drugs (AADs), is either not effective or associated with intolerable adverse effects?			<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the patient have documented recurrent SVT that is associated with acute hemodynamic compromise or requires emergency medical care, or electrical cardioversion and the patient weighs ≥15 kilograms or 33 pounds?			<input type="checkbox"/>	<input type="checkbox"/>		
Q. <input type="checkbox"/> Ventricular Fibrillation (VF) / Ventricular Tachycardia (VT):						
1. Does the patient have ischemic heart disease with recurrent symptomatic monomorphic VT and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the patient have arrhythmogenic right ventricular cardiomyopathy (ARVC) with recurrent sustained VT or frequent appropriate implantable cardioverter-defibrillator (ICD) shocks, and is there documentation that an appropriate beta-blocker is contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the patient have an ICD and continue to receive multiple shocks for sustained monomorphic VT despite optimized device settings and appropriate AAD adjustments?			<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the patient have non-sustained ventricular tachycardia (NSVT) that is presumed to be contributing to or causing ventricular dysfunction, and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the patient have recurrent idiopathic VF triggered by monomorphic premature ventricular complexes (PVCs) and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the patient have reentrant VT and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the patient have symptomatic non-sustained ventricular tachycardia (NSVT) that is not associated with a structural heart disease and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
8. Does the patient have symptomatic sustained monomorphic VT and is there documentation that appropriate antiarrhythmic drugs (AADs) are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
9. Does the patient have symptomatic VT in the absence of structural heart disease and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
10. Does the patient have VT associated with structural heart disease and is there documentation that appropriate AADs are contraindicated, ineffective, or intolerable?			<input type="checkbox"/>	<input type="checkbox"/>		
Additional Comments:						
By submitting this form, I attest that the information provided is true and accurate to the best of my knowledge.						

**Please fax completed form and medical records to 801-366-7449.*