



Prior Authorization Checklist for Electrophysiologist(s)*

*This checklist provides suggested instruction and summary of the United Healthcare guidelines for facilitating their prior authorization requirements. It is not an endorsed resource of United Healthcare as providers are highly encouraged to review the United Healthcare policy and requirements for prior authorization and medical guidelines. Please do NOT include this form in your submission to the payer.

CPT [†] CODES	INCLUDED
93656: Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	<input type="checkbox"/>
93657: Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	<input type="checkbox"/>

United Healthcare requires the following clinical information when submitting a prior authorization request for the aforementioned CPT[†] codes.

REQUIRED INFORMATION	INCLUDED
ICD Diagnosis (es), Signs and Symptoms	<input type="checkbox"/>
Relevant history and physical to include member symptoms and pertinent findings	<input type="checkbox"/>
Catheter ablation appropriate as indicated by 1 or more of the following: <ul style="list-style-type: none"> · Ventricular rate not able to be controlled adequately with medication · Intolerance to rate control medications · Accessory pathway identified · Hypertrophic obstructive cardiomyopathy, and rhythm control with medication has failed, is not tolerated, or is preferred · Patient with tachy-brady syndrome · Symptomatic chronic heart failure despite rate control · Symptomatic atrial fibrillation despite rate control with all the following: rhythm control desired, rhythm control is judged to be feasible, and antiarrhythmic medication has failed, is not tolerated, or is not preferred. 	<input type="checkbox"/>
Reversible cause of the atrial fibrillation absent	<input type="checkbox"/>
Patient able to be anticoagulated during procedure and for at least 2 months afterward	<input type="checkbox"/>
Treatments tried and failed	<input type="checkbox"/>
Results of diagnostic testing	<input type="checkbox"/>
Physician treatment plan (recommendations)	<input type="checkbox"/>
Refer to UHC's MCG Care Guidelines for the most recent coverage criteria (UHC Policy No: SURGERY 115.1 T2)	<input type="checkbox"/>

United Healthcare Prior Authorization Instructions:

Complete the prior authorization process online or by phone¹

- Online: Go to [www.https://UHCprovider.com/paan](https://UHCprovider.com/paan).
- Phone: Call 877-842-3210 from 7 a.m. to 7 p.m. local time, Monday through Friday

References:

1. <https://www.uhcprovider.com/en/resource-library/news/2020-network-bulletin-featured-articles/0620-catheter-ablation-for-af.html>

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