

[ENTER DATE HERE]

[ENTER INSURANCE COMPANY NAME]

[ENTER INSURANCE COMPANY ADDRESS]

RE: Request for Coverage Reconsideration for Pulmonary Vein Isolation Intracardiac Catheter Ablation conducted with a Pulsed Field Ablation Catheter for Atrial Fibrillation

To Whom It May Concern:

I am writing on behalf of my patient, [PATIENT NAME], to request an appeal of your denial for surgery, hospital stay, and post-surgical care for treatment of atrial fibrillation (AF) conducted with a pulsed field ablation (PFA) catheter provided by [PROVIDER NAME] on [DATE OF SERVICE].

The reason for denial was listed as [LIST REASON HERE, INCLUDE DIAGNOSIS AND PROCEDURE CODES].

Historically, thermal energy (using radiofrequency or cryo ablation) has been used to ablate cardiac tissue in the treatment of various arrhythmias including AF. Shortcomings of thermal ablation are well-known and can confer significant morbidity and mortality to patients. Risks include, but are not limited to, cardiac perforation / tamponade, pulmonary vein stenosis, phrenic nerve injury, and esophageal injury / fistula formation. In recent years, PFA has been developed as a novel non-thermal energy source for AF ablation via cardiac tissue-specific irreversible electroporation. Available preclinical data has demonstrated that the cardiac tissue specificity of PFA spares adjacent structures such as the esophagus and phrenic nerve, thereby reducing the risks of an AF ablation procedure. PFA technologies have received FDA approval in the United States for treatment of AF.

Based upon my patient's clinical status, I believe the PFA catheter is the most appropriate therapeutic choice due to [DESCRIBE PATIENT'S MEDICAL CONDITION, WHY PFA WOULD BENEFIT THE PATIENT AND WHAT WILL HAPPEN IF THE PATIENT DOES NOT RECEIVE TREATMENT]. This letter and the attached documentation support medical necessity for this therapy. If additional information is required to render a decision, please contact me at [ENTER PHONE NUMBER].

Your prompt attention to this appeal is appreciated.

Sincerely,
[ENTER YOUR NAME]

Enclosures:

1. Explanation of Benefits
2. Medical Records

Principal Diagnosis:

[List ICD-10-CM diagnosis code and code descriptor]

Procedure/Service:

For physician report use **CPT® code 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.*

Include, when medically necessary, moderate (conscious) sedation provided by the performing physician with CPT codes 99151-99153 or when provided by another physician, use CPT codes 99155-99157.

For hospital report use **ICD-10-PCS Code 02583ZZ** *Destruction of conduction mechanism, percutaneous approach* (through March 31, 2024) or **ICD-10-PCS Code 02483ZF** *Destruction of conduction mechanism using irreversible electroporation, percutaneous approach* (effective April 1, 2024).