



NHS MEDICAL POLICY

Cardioversion Outpatient Procedure 2014-012

Direct current cardioversion may be indicated in the outpatient setting when any ONE of the following is present:

1	Hemodynamic instability with atrial fibrillation/flutter.
2	New onset or newly recognized atrial fibrillation/flutter.
3	Symptomatic persistent atrial fibrillation/flutter.
4	Heart failure and atrial fibrillation/flutter.
5	Infrequent, but symptomatic, episodes of atrial fibrillation/flutter.
6	Need for long-term rhythm control in patients who will be placed on long-term antiarrhythmic drugs or who will undergo catheter ablation for atrial fibrillation/flutter. Direct cardioversion is intended to restore normal sinus rhythm as the initial part of that process.
7	Patients with an acutely precipitating cause of atrial fibrillation/flutter (e.g. post-operation, pericarditis, pneumonia, pulmonary embolism) may be candidates for direct current cardioversion to improve their symptoms or hemodynamics.

SOURCES

1. Camm AJ, Lip GY, De Caterina R, et al. 2012 focused update of the ESC Guidelines for the management of atrial fibrillation: an update of the 2010 ESC Guidelines for the management of atrial fibrillation. Developed with the special contribution of the European Heart Rhythm Association. Eur Heart J 2012; 33:2719.
2. Naccarelli GV, Dell'Orfano JT, Wolbrette DL, et al. Cost-effective management of acute atrial fibrillation: role of rate control, spontaneous conversion, medical and direct current

cardioversion, transesophageal echocardiography, and antiembolic therapy. Am J Cardiol 2000; 85:36D.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT 92960

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review and approval by UM Committee
09/14/2016	Annual review and approval by UM Committee
09/12/2017	Annual review and approval by UM Committee
09/12/2018	Annual review and approval by UM Committee
09/12/2019	Annual review and approval by UM Committee
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee