

# Catheter Ablation for Atrial Fibrillation

Policy Number: 2020T0609B  
Effective Date: October 1, 2020

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Documentation Requirements</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">U.S. Food and Drug Administration</a> .....	2
<a href="#">Centers for Medicare and Medicaid Services</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	3

Related Policies
None

## Coverage Rationale

Catheter ablation for atrial fibrillation is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, 24<sup>th</sup> edition, 2020, Electrophysiologic Study and Intracardiac Catheter Ablation ORG: M-154 (ISC).

Click [here](#) to view the MCG™ Care Guidelines.

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
<b>Catheter Ablation for Atrial Fibrillation</b>	
93653 93656	Medical notes documenting all of the following: <ul style="list-style-type: none"> <li>● Diagnosis</li> <li>● Signs and symptoms</li> <li>● History of present illness</li> <li>● Results of diagnostic testing</li> <li>● Treatments tried and failed</li> <li>● Physician treatment plan</li> </ul>

\*For code descriptions, see the [Applicable Codes](#) section.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may

require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: American Medical Association (AMA) coding guidelines require diagnosis coding to the highest level of specificity available. Also, per AMA guidelines, CPT code 93653 should not be reported in conjunction with 93656 (AMA, 2020).

CPT Code	Description
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
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)

*CPT® is a registered trademark of the American Medical Association*

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA classifies ablation catheters using any type of energy for the treatment of atrial fibrillation as class III devices. Premarket approval (PMA) prior to marketing is required. For additional information, search the following database using product code OAE: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>. (Accessed March 10, 2020)

## Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) specific to catheter ablation for atrial fibrillation. Local Coverage Determinations (LCDs) do not exist at this time. (Accessed March 10, 2020)

## References

American Medical Association. 2020 ICD-10-CM Official guidelines for coding and reporting.

## Policy History/Revision Information

Date	Summary of Changes
10/01/2020	<p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>Updated list of CPT codes with associated documentation requirements; added 93653</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Added CPT codes 93653 and 93655</li> <li>Added language to clarify:</li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ American Medical Association (AMA) coding guidelines require diagnosis coding to the highest level of specificity available</li> <li>○ Per AMA guidelines, CPT code 93653 should not be reported in conjunction with 93656 (AMA, 2020)</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Added <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version 2020T0609A</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.