

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC.



Catheter Ablation for Atrial Fibrillation (for Louisiana Only)

Policy Number: CS197LA.A

Effective Date: TBD

[Instructions for Use](#)

<u>Table of Contents</u>	<u>Page</u>
Application.....	1
Coverage Rationale.....	1
Applicable Codes.....	1
U.S. Food and Drug Administration.....	2
References.....	2
Policy History/Revision Information	Error! Bookmark not defined.
Instructions for Use.....	2

Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Catheter ablation for atrial fibrillation is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2020, Apr. 2020 Release, CP: Procedures, Electrophysiology (EP) Testing +/- Radiofrequency Ablation (RFA), Cardiac.

Click [here](#) to view the InterQual® criteria.

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 federal, state, or contractual requirements 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).

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC.

<u>CPT Code</u>	<u>Description</u>
<u>93653</u>	<u>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</u>
<u>93655</u>	<u>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)</u>
<u>93656</u>	<u>Comprehensive electrophysiologic evaluation including transeptal 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</u>
<u>93657</u>	<u>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)</u>

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)

References

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

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC.

requirements for benefit plan coverage. 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The 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.

CONFIDENTIAL