



ND

# Medical Policies



Policy Number: M-18

Policy Name: Cardiac Ablation Procedures

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Diagnostic Medical

End Date: 11-02-2025

## Description

Catheter ablation is a therapeutic technique using a cryoballoon to eliminate conduction defects.

Maze or Modified Maze Procedures, also known as (a.k.a.) surgical ablation, are performed on a non-beating heart during the cardiopulmonary bypass to destroy the arrhythmic area of the heart.

Hybrid catheter and surgical ablation (HyCASA) is a minimally-invasive procedure for treatment of atrial fibrillation. The procedure combines thoroscopic epicardial ablation performed by a surgeon and percutaneous endocardial ablation performed by an electrophysiologist as directed by the electrophysiology study. It is performed either as part of a single 'joint' procedure or as two (2) separate ablation procedures.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date, *and/or*

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

### Catheter Ablation Procedures

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Intracardiac catheter ablation of atrioventricular node (AV) function may be considered medically necessary for **ONE or more** of the following indications:

- Atrial ablation for elimination of atrial fibrillation; **or**
- Atrial tachycardia or atrial flutter; **or**
- Paroxysmal supraventricular tachycardia; **or**
- Radiofrequency catheter ablation or modification of the atrioventricular junction for ventricular rate control of symptomatic atrial tachyarrhythmias; **or**
- Symptomatic sustained atrioventricular nodal reentrant tachycardia.

Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters may be considered medically necessary for **ONE or more** of the following indications:

- For treatment of individuals with supraventricular tachycardia with **ONE or more** of the following indications:
  - Accessory bypass tract arrhythmia (Wolff-Parkinson-White Syndrome); **or**
  - Atrial ablation for elimination of atrial fibrillation; **or**

- Atrial tachycardia or atrial flutter; **or**
- Paroxysmal supraventricular tachycardia; **or**
- Supraventricular tachycardia; **or**
- Symptomatic sustained atrioventricular nodal reentrant tachycardia; **or**
- For treatment of individuals with ventricular tachycardia with **ONE or more** of the following indications:
  - Bundle branch reentrant ventricular tachycardia; **or**
  - Individuals without structural heart disease (i.e., ischemic or idiopathic cardiomyopathy) with symptomatic sustained monomorphic ventricular tachycardia; **or**
  - Ischemic or idiopathic cardiomyopathy with ventricular tachycardia

A catheter ablation procedure not meeting the criteria as indicated in this policy is considered not medically necessary.

### Procedure Codes

93650	93653	93654	93655	93657
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### Transcatheter Radiofrequency Ablation, Cryoablation, or Pulsed Field Ablation (PFA)

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Transcatheter radiofrequency ablation, cryoablation, or pulsed field ablation to treat atrial fibrillation in individuals who have failed to respond to adequate trials of antiarrhythmic medications may be considered medically necessary for **ONE or more** of the following indications:

- As an alternative to atrioventricular nodal ablation and pacemaker insertion in individuals with class II or III congestive heart failure and symptomatic atrial fibrillation; **or**
- As an initial treatment for individuals with recurrent symptomatic paroxysmal atrial fibrillation (greater than one (1) episode, with less than or equal to four (4) episodes in the previous six (6) months) in whom a rhythm-control strategy is desired; **or**
- Symptomatic paroxysmal atrial fibrillation; **or**
- Symptomatic persistent atrial fibrillation.

Repeat transcatheter radiofrequency ablation, cryoablation, or pulsed field ablation may be considered medically necessary; in individuals with **ONE or more** of the following:

- Development of atrial flutter following the initial procedure; **or**
- Recurrence of atrial fibrillation.

Transcatheter radiofrequency ablation, cryoablation, or pulsed field ablation not meeting the criteria as indicated this policy is considered not medically necessary.

### Procedure Codes

93655	93656	93657
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### Operative Ablation Procedures

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Operative ablation of supraventricular arrhythmogenic focus or pathway may be considered medically necessary to eliminate atrioventricular conduction defects.

Operative ablation of supraventricular arrhythmogenic focus or pathway not meeting the criteria as indicated in this policy is considered not medically necessary.

### Procedure Codes

33250	33251	33261
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### Maze Procedures

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

The maze and modified maze procedures performed on a non-beating heart during cardiopulmonary bypass **with** concomitant cardiac surgery may be considered medically necessary for treatment of individuals with atrial fibrillation or flutter.

The use of an open maze procedures or modified maze procedure not meeting the criteria indicated in this policy is considered not medically necessary.

Stand-alone minimally invasive, off-pump maze procedures (i.e., modified maze procedures), including those done via mini-thoracotomy, for treatment of individuals with atrial fibrillation or flutter are considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

33254	33255	33256	33257	33258	33259
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Hybrid and Surgical Ablation (HyCASA)

HyCASA procedures may be considered medically necessary when **ALL** of the following criteria are met:

- The cardiothoracic (CT) surgeon has experience in treating arrhythmias surgically (at least 50 cases); **and**
- The facility has a suite that can accommodate the Hybrid procedure requirements; **and**
- The individual has **ONE or more** of the following:
  - Inability to proceed with a standard PVI from an endocardial approach (i.e. esophageal heating); **or**
  - Previous failed pulmonary vein isolation (PVI); **and**
- The individual has persistent atrial fibrillation greater than six (6) months; **and**
- The surgeon and electrophysiologist both agree that the individual would be an appropriate candidate for the procedure; **and**
- There is a presence of structural heart disease (e.g. left atrial enlargement and/or left ventricular dysfunction).

Hybrid catheter and surgical ablation (HyCASA) procedure not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

33265	33266	93613	93620	93655	93656	93657
93662						

Outpatient HCPCS

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

C1732	C1733	C2630
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Professional Statements and Societal Positions Guidelines

2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation - 2023

The guideline provides comprehensive recommendations on various ablation procedures for atrial fibrillation.

- Catheter Ablation Procedures
  - Catheter ablation, including both radiofrequency ablation and cryoablation, is recommended for rhythm control in individuals with symptomatic paroxysmal or persistent AF. This approach is particularly beneficial when antiarrhythmic drug therapy is ineffective, not tolerated, or preferred as a first-line therapy after considering individual preferences and clinical characteristics
- Operative Ablation Procedures
  - Surgical ablation procedures such as Maze and modified Maze procedures, are recommended for individuals with AF undergoing other cardiac surgeries (e.g., coronary artery bypass grafting or valve surgery). These procedures aim to maintain sinus rhythm and reduce AF-related symptoms.
- Hybrid and Surgical Ablation (HyCASA)

- Hybrid approaches, combining surgical and catheter ablation techniques, may be considered for selected patients with persistent or long-standing persistent AF, especially when prior ablation attempts have failed. This strategy leverages the strengths of both methods to achieve better rhythm control

## Society of Thoracic Surgeons (STS) 2023 Clinical Practice Guidelines for the Surgical Treatment of Atrial Fibrillation (AF) - 2023

The guideline provides updated recommendations to enhance patient outcomes.

- Surgical Ablation
  - Class I Recommendation: Surgical ablation is advised for all individuals with AF undergoing first-time, non-emergent cardiac surgery, including both mitral and non-mitral operations, to restore sinus rhythm and improve long-term outcomes
  - Class IIa Recommendation: For symptomatic AF individuals without structural heart disease, who have not responded to class I/III antiarrhythmic drugs or catheter-based therapy, stand-alone surgical ablation is reasonable to restore sinus rhythm. The Cox-Maze III/IV lesion set is preferred for those with persistent or long-standing persistent AF.

## Diagnosis Codes

### Covered Diagnosis Codes for Procedure Code 93613

I48.11	I48.19	I48.20	I48.21	I49.01	I49.02	I49.1
I49.2	I49.3	I49.49	I49.9	I50.1	I51.7	

### Covered Diagnosis Codes for Procedure Code 93650

I45.89	I47.10	I47.11	I47.19	I47.9	I48.0	I48.11
I48.19	I48.20	I48.21	I48.91	I48.92	I49.2	I49.5
I49.8	R00.1					

### Covered Diagnosis Codes for Procedure Codes 93653

I25.5	I25.6	I25.89	I25.9	I42.0	I42.2	I42.5
I42.8	I42.9	I45.6	I45.81	I45.89	I47.10	I47.11
I47.19	I47.9	I48.0	I48.11	I48.19	I48.20	I48.21
I48.3	I48.4	I48.91	I48.92	I49.2	I49.8	R00.1

### Covered Diagnosis Codes for Procedure Code 93654

I25.5	I25.6	I25.89	I25.9	I42.0	I42.2	I42.5
I42.8	I42.9	I47.0	I47.20	I47.29	I48.91	I49.01
I49.02	I49.1	I49.3	I49.40	I49.49		

### Covered Diagnosis Codes for Procedure Code 93655

I45.6	I45.89	I47.0	I47.10	I47.11	I47.19	I47.20
I47.29	I47.9	I48.0	I48.11	I48.19	I48.20	I48.21
I48.3	I48.4	I48.91	I48.92	I49.01	I49.02	I49.1
I49.2	I49.3	I49.49	I49.5	I49.8	I49.9	I50.1
I51.7						

**Covered Diagnosis Codes for Procedure Codes 93656 and 93657**

I25.5	I45.6	I45.89	I47.0	I47.10	I47.11	I47.19
I47.20	I47.29	I48.0	I48.11	I48.19	I48.20	I48.21
I48.3	I48.4	I48.91	I48.92	I49.01	I49.02	I49.1
I49.2	I49.3	I49.5	I49.8	I49.49	I49.9	I50.1
I51.7						

**Covered Diagnosis Codes for Procedure Codes 93662**

I25.5	I25.6	I25.9	I25.89	I42.0	I42.2	I42.5
I42.8	I42.9	I44.0	I44.1	I44.2	I44.30	I45.6
I45.81	I45.89	I47.0	I47.9	I47.10	I47.11	I47.19
I47.20	I47.29	I48.0	I48.3	I48.4	I48.11	I48.19
I48.20	I48.21	I48.91	I48.92	I49.1	I49.2	I49.3
I49.5	I49.8	I49.9	I49.01	I49.02	I49.40	I49.49
I50.1	I51.7	R00.1				

**Covered Diagnosis Codes for Procedure Code 33250; 33251; and 33261**

I44.0	I44.1	I44.2	I44.30
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**Covered Diagnosis Codes for Procedure Codes 33254; 33255; 33256; 33257; 33258; and 33259**

I45.6	I47.10	I47.11	I47.19	I48.0	I48.11	I48.19
I48.20	I48.21	I48.3	I48.4	I48.91	I48.92	I49.2
I49.3	I49.40	I49.49	I49.8			

**Covered Diagnosis Codes for Procedure Codes 33265; and 33266**

I48.11	I48.19	I48.20	I48.21	I49.01	I49.02	I49.1
I49.2	I49.3	I49.49	I49.9	I50.1	I51.7	

**CURRENT CODING****CPT:**

33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	Medicaid Expansion
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	Medicaid Expansion
33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Medicaid Expansion
33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	Medicaid Expansion
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	Medicaid Expansion

33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Medicaid Expansion
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	Medicaid Expansion
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Medicaid Expansion
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	Medicaid Expansion
33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Medicaid Expansion
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	Medicaid Expansion
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	Medicaid Expansion
93620	COMPRES EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	Medicaid Expansion
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	Medicaid Expansion
93653	COMPRES EP EVAL ABLTJ 3D MAPG TX SVT	Medicaid Expansion
93654	COMPRES EP EVAL ABLTJ 3D MAPG TX VT	Medicaid Expansion
93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	Medicaid Expansion
93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Medicaid Expansion
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	Medicaid Expansion
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	Medicaid Expansion
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	Commercial
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	Commercial
33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	Commercial
33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	Commercial
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	Commercial
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Commercial
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	Commercial
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Commercial
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	Commercial
33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Commercial
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	Commercial
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	Commercial
93620	COMPRES EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	Commercial
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	Commercial
93653	COMPRES EP EVAL ABLTJ 3D MAPG TX SVT	Commercial
93654	COMPRES EP EVAL ABLTJ 3D MAPG TX VT	Commercial
93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	Commercial
93656	COMPRES EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	Commercial
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	Commercial
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	Commercial

**HCPs:**

C1732	Cath, ep, diag/abl, 3d/vect	Medicaid Expansion
C1733	Cath, ep, othr than cool-tip	Medicaid Expansion

C2630	Cath, ep, cool-tip	Medicaid Expansion
C1732	Cath, ep, diag/abl, 3d/vect	Commercial
C1733	Cath, ep, othr than cool-tip	Commercial
C2630	Cath, ep, cool-tip	Commercial

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## ND Committee Review

Internal Medical Policy Committee 11-19-2020 Multiple Revisions *Effective January 4, 2021*

Internal Medical Policy Committee 5-20-2021 Revision *Effective July 5, 2021*

Internal Medical Policy Committee 5-24-2022 Annual Review-no changes in criteria *Effective July 4, 2022*

Internal Medical Policy Committee 7-21-2022 Revision with coding update *Effective September 5, 2022*

- **Added** Procedure Codes: 93656 and 93620
- **Added** Outpatient HCPCS: C1732; C1733 and C2630
- **Added** Diagnosis Codes I45.6; I45.89; I47.0; I47.1; I47.2; I48.0; I48.4; I48.91; I48.92; I49.2; I49.3; I49.40; I49.49; I49.5; I49.8; I50.1; and I51.7

Internal Medical Policy Committee 9-28-2022 Coding update - *Effective October 01, 2022*

- **Removed** *Diagnosis Code I47.2; and*
- **Added** *Diagnosis Codes I47.20; and I47.29*

Internal Medical Policy Committee 11-15-2023 Coding update - *Effective October 01, 2023*

- **Removed** *Diagnosis Code I47.1 from Procedure Codes 93613; 93650; 93653; 93655; 93656; 93657; 33254; 33255; 33256; 33257; 33258 and 33259.*
- **Added** *Diagnosis codes I47.10; I47.11; I47.19 to Procedure Codes 93650; 93653; 93655; 93656; 93657; 33254; 33255; 33256; 33257; 33258 and 33259.*

Internal Medical Policy Committee 11-19-2024 Coding update - *Effective January 06, 2025*

- **Added** *Policy Application; and*
- **Removed** *Diagnosis Code I47.1*

Internal Medical Policy Committee 5-13-2025 Revision with Coding update - *Effective July 07, 2025*

- **Removed** *Procedure Code 93656 from the 'Catheter Ablation Procedure' Section of the policy; and*
- **Added** *Diagnosis Codes I48.92 and I49.5 for Procedure Code 93650; and*
- **Added** *Diagnosis Codes I49.01 and I49.02 for Procedure Code 93654; and*
- **Added** *Diagnosis Code I47.9 for Procedure Code 93655 and*
- **Added** *Diagnosis Codes I25.5; I25.6; I25.9; I25.89; I42.0; I42.2; I42.5; I42.8; I42.9; I44.0; I44.1; I44.2; I44.30; I45.6; I45.81; I45.859; I47.0; I47.9; I47.10; I47.11; I47.19; I47.20; I48.0; I48.3; I48.4; I48.91; I48.92; I49.8; I49.40; and R00.1; and*
- **Removed** *Diagnosis Code I48.8 from Procedure Codes 33254; 33255; 33256; 33257; 33258 and 33259; and*
- **Changed** *the word 'any' to ' ONE or more ' ; and*
- **Removed** *'or'; and*
- **Added** *'or Pulsed Field Ablation (PFA)' to Transcatheter Radiofrequency Ablation, Cryoablation section and*
- **Reworded** *In Maze section statement; and*
- **Removed** *difficult to treat drug resistant in HyCASA section and*
- **Updated** *Professional Statements.*

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*



