

Catheter Ablation for Atrial Fibrillation

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Community Plan Policy
<ul style="list-style-type: none"> Catheter Ablation for Atrial Fibrillation
Medicare Advantage Policy
<ul style="list-style-type: none"> Cardiovascular Diagnostic and Therapeutic Procedures

Application

UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans.

Coverage Rationale

Note: This policy does not apply to members aged < 18 years or those with arrhythmias other than atrial fibrillation.

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

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

Catheter ablation for treating asymptomatic atrial fibrillation in individuals with a left ventricular ejection fraction greater than 40% is unproven and not medically necessary due to insufficient evidence of efficacy.

Medical Records Documentation Used for Reviews

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. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled [Medical Records Documentation Used for Reviews](#).

Definitions

Heart Failure With Reduced Ejection Fraction: A left ventricular ejection fraction of less than or equal to 40% (Heidenreich et al., 2022; McDonagh et al., 2022; Bozkurt et al., 2021).

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, 2024).

CPT Code	Description
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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 with transeptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed
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)

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Description of Services

Cardiac catheter ablation destroys an area of heart tissue that is causing irregular heartbeats. Destroying the tissue may help restore the heart's regular rhythm. Energy sources used to destroy the tissue include radiofrequency, cryothermal (cryoablation), or electrical (pulsed field ablation) (American Heart Association, 2024).

Clinical Evidence

For individuals with heart failure who are on guideline-directed medical therapy and have a reduced ejection fraction ($\leq 40\%$), multiple guidelines recommend catheter ablation as a reasonable treatment of atrial fibrillation (AF) to improve cardiovascular outcomes, ventricular function, symptoms, and quality of life. However, the evidence supporting the use of catheter ablation in asymptomatic individuals with an ejection fraction of greater than 40% (mildly reduced) is lacking. Consensus statements and clinical practice guidelines addressing indications for catheter ablation in individuals with AF conclude that further evidence is needed to support the role of catheter ablation for managing asymptomatic individuals (Joglar et al., 2024; Maddox et al., 2024; Tzeis et al., 2024; Van Gelder et al., 2024; Gopinathannair et al., 2021; Arnar et al., 2019).

Most studies assessing the selection of individuals and indications for ablation of AF included individuals with symptoms and heart failure with reduced ejection fraction. A stratified pooled analysis of randomized data and a meta-analysis of randomized controlled trials concluded that catheter ablation as a rhythm control strategy substantially improved survival rate, reduced heart failure rehospitalization, increased the rate of sinus rhythm maintenance, improved left ventricular function, and improved quality of life in individuals with AF complicated with heart failure with reduced ejection fraction (Zhang et al., 2024; Chen et al., 2020). The CASTLE-AF study found that the use of ablation for AF in participants with

impaired left ventricular systolic function was associated with a significantly lower rate of a composite of death and hospitalization for heart failure than medical therapy (Marrouche et al., 2018).

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 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 December 12, 2025)

References

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Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Added language to indicate catheter ablation for treating asymptomatic atrial fibrillation in individuals with a left ventricular ejection fraction greater than 40% is unproven and not medically necessary due to insufficient evidence of efficacy <p>Definitions</p> <ul style="list-style-type: none"> Added definition of “Heart Failure With Reduced Ejection Fraction” <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>Description of Services</i> and <i>Clinical Evidence</i> sections Updated <i>References</i> section to reflect the most current information Archived previous policy version 2026T0609Q

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, 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 InterQual® criteria, 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.