CPT Codes for Cardiac Catheterizations

Notice to HMSA cardiologists

We’re writing to clarify which CPT codes for left heart catheterizations need preauthorization. Cardiac ablation procedures don’t require a preauthorization.

As a reminder, any imaging procedure the ordering physician deems urgent or emergent and that meets the urgent criteria doesn’t require preauthorization. However, the ordering physician still needs to register the patient and receive an upfront authorization number.

Cardiac catheterization procedures that require preauthorization

- The following CPT codes for cardiac catheterization require preauthorization: 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, and 93461.
- Appropriate add-on codes will be paid when there’s authorization for one of the codes listed above. Add-on codes don't require preauthorization and may be used with other procedures. Add-on codes include codes 93462 through 93464 and 93565 through 93568.
- Refer to the 2016 HMSA Utilization Review Matrix to confirm which codes require preauthorization.

Cardiac ablation procedures do NOT require preauthorization

- CPT codes that are used to bill for cardiac ablation are different from codes for cardiac catheterization.
- CPT codes for cardiac ablation may include 93650, 93651, 93653, 93654, 93655, 93656, or 93657.
- If you plan to perform a cardiac ablation procedure using one of these codes, don’t request preauthorization for cardiac catheterization.

Note:
Cardiac ablation is a treatment for irregular heartbeat, which may be performed by inserting a thin, flexible tube into a blood vessel in the patient’s leg or neck. While a left heart catheterization is performed by an insertion into an artery, only the left heart catheterization requires preauthorization. Outpatient cardiac ablation doesn’t require preauthorization.

Please refer to the CPT codes that require preauthorization for cardiac catheterization listed above.