

2006 BIOSENSE WEBSTER, INC. CARTOMERGE™ IMAGE INTEGRATION MODULE REIMBURSEMENT GUIDELINES

This guide has been developed to assist you in obtaining physician payment and hospital reimbursement for procedures using the CARTOMERGE™ Image Integration Module.

These procedures may be a covered service if they meet all of the requirements established by Medicare and private payers. It is essential that each claim be coded properly and supported with adequate documentation in the medical record.

The CARTOMERGE™ Image Integration Module procedures are reimbursed based on the following steps performed:

1. Image Acquisition – This is performed by the Radiologist.
2. Image Reconstruction/Segmentation – Either the Radiologist or the Electrophysiologist may perform this step. There is no CPT® code and reimbursement for this procedure.
3. Intracardiac Electrophysiological Procedure – This is performed by the Electrophysiologist.

Disclaimer – The information contained in this guide is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Biosense Webster, Inc. concerning levels of reimbursement, payment or charge. Similarly, all CPT® codes are supplied for information purposes only and represent no statement, promise or guarantee by Biosense Webster, Inc. that these codes will be appropriate or that reimbursement will be made.

PHYSICIAN SERVICES

Current Procedure Terminology (CPT) Codes are accepted by most payers. The following codes have been established by the AMA and are included in the 2006 CPT Manual. A few of the possible CPT® codes for describing these services are listed below.

Image Acquisition Procedures (Performed by Radiologist)

CPT® Code	Description ¹	Total Relative Value Units (RVUs)	2006 Estimated Physician Payment ¹
75552-26	Heart magnetic resonance imaging for morphology, without dye	2.20	\$ 83
75553-26	Heart magnetic resonance imaging for morphology, with dye	2.72	\$ 103
75554-26	Cardiac magnetic resonance imaging for function, with or without morphology; complete study	2.54	\$ 96
75555-26	Cardiac magnetic resonance imaging for function, with or without morphology; limited study	2.45	\$ 93
75556-26	Cardiac magnetic resonance imaging for velocity flow mapping		Carrier Priced
71275-26	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	2.64	\$ 100
71550-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), without contrast material(s)	2.00	\$ 76
71551-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), with contrast material(s)	2.38	\$ 90
71552-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), without contrast material(s), followed by contrast material(s) and further sequences	3.1	\$ 117

Image Reconstruction/Segmentation (Performed by Radiologist or Electrophysiologist)

CPT® Code	Description ¹	Total Relative Value Units (RVUs)	2006 Estimated Physician Payment ¹
76375-26	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality		No Longer Used

Intracardiac Electrophysiological Procedures (Performed by Electrophysiologist)

CPT® Code	Description ¹	Total Relative Value Units (RVUs)	2006 Estimated Physician Payment ¹
93600-26	Bundle of His recording	3.11	\$ 118
93602-26	Intra-atrial recording	3.11	\$ 118
93603-26	Right ventricular recording	3.11	\$ 118
+93609-26	Intra-ventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	7.30	\$ 277
93610-26	Intra-atrial pacing	4.42	\$ 168
93612-26	Intraventricular pacing	4.43	\$ 168
+93613-26	Intracardiac electrophysiologic three dimensional mapping	10.25	\$ 388
93618-26	Induction of arrhythmia by electrical pacing	6.22	\$ 236
93619-26	Comprehensive electrophysiologic evaluation without induction or attempted induction of arrhythmia	11.01	\$ 417
93620-26	...with induction or attempted induction of arrhythmia	17.22	\$ 653
+93621-26	...with left atrial recording, with or without pacing	3.07	\$ 116
+93622-26	...with left ventricular pacing and recording	4.53	\$ 172
+93623-26	Programmed stimulation and pacing after intravenous drug infusion	4.16	\$ 158
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	7.33	\$ 278
93650-26	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block ...	15.66	\$ 593
93651-26	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation ... or other atrial foci, singly or in combination	23.70	\$ 898

+ Add-on codes. List separately in addition to primary procedure code.
¹ Please refer to the CPT-4 Manual for a complete description of these codes.

National average Medicare reimbursement.

This information is provided as an example of CPT codes used to describe imaging and intracardiac electrophysiological procedures for a typical patient. It is possible that you will choose to use different CPT codes than the above to describe the services rendered for a specific patient.

FACILITY PAYMENT

Radiology Outpatient Services: Possible APCs, Status Indicator

APC	Category Description	Status Indicator	2006 Average Payment Amount ⁱⁱ
282	Miscellaneous Computerized Axial Tomography	S	\$ 95
283	Miscellaneous Computerized Axial Tomography with Contrast Material	S	\$ 255
284	MRI, MRA with contrast	S	\$ 371
332	Computerized Axial Tomography and Computerized Angiography without Contrast	S	\$ 255
333	Computerized Axial Tomography and Computerized Angiography without Contrast followed by Contrast	S	\$ 304
335	MRI, miscellaneous	S	\$ 304
336	MRI, MRA without contrast	S	\$ 349

Electrophysiology Outpatient Services: Possible APCs, Status Indicator and National Average Payment

APC	Category Description	Status Indicator	2006 Average Payment ⁱⁱ
0085	Level II comprehensive electrophysiology procedures (CPT Codes 93619 – 93622)	T	\$2,036
0086	Ablate heart dysrhythm focus (CPT Codes 93600 – 93618)	T	\$2,502
0087	Cardiac electrophysiology recording/mapping (CPT Codes 93600 – 93618)	T	\$1,964

Electrophysiology Inpatient Services

DRG	Description	Relative Weight ⁱⁱⁱ	2006 Estimated Hospital Reimbursement ⁱⁱⁱ
518	Percutaneous cardiovascular procedures without AMI or coronary artery stent implant (e.g., PTCA and electrophysiology)	1.7509	\$8,524
555	Percutaneous cardiovascular procedures with major cardiovascular condition	2.4315	\$12,527

i 70 Federal Register 70374-70449 (2005)

ii 70 Federal Register 68731-68736 (2005)

iii 70 Federal Register 47477-47478 (2005)

National average Medicare reimbursement.

Caution: Federal law restricts these devices to sale by or on the order of a physician. Please refer to the complete product information accompanying each device.

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