# 2019 Electrophysiology Services

Patient Name: __________________________  Date: __________________________

Physician: __________________________  Facility: __________________________

## COMPREHENSIVE EP STUDIES
- 93619  Comprehensive EPS without induction of arrhythmia
- 93620  Comprehensive EPS with (attempted) induction of arrhythmia
- +93621  Left atrial or coronary sinus pacing & recording (w/ 93620, 93653, 93654)
- +93622  Left ventricular pacing & recording (w/ 93620, 93653, 93656)

## MAPPING & ADD-ON PROCEDURES
- +93609  Catheter mapping of tachycardia (w/ 93620, 93653, 93656)
- +93613  3-D mapping (w/ 93620, 93653, 93656)
- +93623  Drug stimulation (w/ 93610, 93612, 93619, 93620, 93653, 93654)

## INDIVIDUAL STUDIES & OTHER PROCEDURES
- 93600  Bundle of His recording
- 93602  Intra-atrial recording
- 93603  Right ventricular recording
- 93610  Intra-atrial pacing
- 93612  Intraventricular pacing
- 93618  Induction of arrhythmia by electrical pacing
- 93615  Esophageal recording of atrial electrogram
- 93616  Esophageal atrial electrogram with pacing
- 93624  Follow-up EP study with pacing & recording, (attempted) induction
- 93660  Tilt table study

## ABLATIONS
- 93650  AV node ablation
- 93653  Comprehensive EPS with atrial ablation
- 93654  Comprehensive EPS + 3D mapping with ventricular ablation
- +93655  Ablate additional discrete arrhythmia focus (w/ 93653, 93654, 93656)
- 93656  Comprehensive EPS + transseptal + ablate pulmonary veins for Afib
- +93657  Ablate additional RT or LT atrial site for Afib (with 93656)

## INTRACARDIAC ECHO / TRANSSEPTAL ACCESS
- +93662  Intracardiac echocardiography
- +93662  Transseptal or transapical puncture (w/ 93653, 93654)

## CARDIOVERSION / PACING
- 92960  Cardioversion, elective, external
- 92961  Cardioversion, elective, internal
- 92953  Temporary transcutaneous pacing

## ELECTROCARDIOGRAMS
- 93000  Electrocardiogram, complete
- 93010  Electrocardiogram, interpretation & report only
- 93025  Microvolt T-wave alternans

## COMMON MODIFIERS
- -22 Increased procedural service (submission of report / documentation required)
- -26 Professional component
- -52 Reduced services (portion intentionally omitted at physician's election)
- -53 Discontinued procedure (terminate without completion – physician claims)
- -59 Distinct procedural service (separately identifiable)
  - -XE Separate Encounter
  - -XS Separate Structure
  - -XP Separate Practitioner
  - -XU Unusual Non-Overlapping Service
- -73 Discontinued procedure prior to administration of anesthesia (OP facility)
- -74 Discontinued procedure after administration of anesthesia (OP facility)

## NOTES
- Procedures identified with a + symbol preceding the code are designated “add-on” codes; may not be reported stand-alone. Bill in addition to the primary service or procedure.
- Many of these codes require modifier -26 on physician claims when performed in a facility setting (eg, hospital inpatient or outpatient).

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*ThermoCool® Navigation Catheters are approved for drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® Systems (excluding NAVISTAR® RMT ThermoCool® Catheter).*
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CATHETERS AND INTRODUCERS

- C1730 Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
- C1731 Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
- C1732 Catheter, electrophysiology, diagnostic / ablation, 3D or vector mapping
- C1733 Catheter, electrophysiology, diagnostic / ablation, other than 3D or vector mapping, other than cool-tip
- C2630 Catheter, electrophysiology, diagnostic / ablation, other than 3D or vector mapping, cool-tip
- C1759 Catheter, intracardiac echocardiography
- C1893 Introducer / sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
- C1766 Introducer / sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away

Please list catheters / supplies used and include a product catalog number to reference in assigning a C-code, if applicable.

PRODUCT CATALOG NUMBER / DESCRIPTION

- C1766
- C1893
- C1759
- C2630
- C1733
- C1732
- C1731

Please note that not all products or supplies will have an associated C-code. There is no C-code for: REFRAM® Catheter with QWIKPATCH® External Reference Patch, COOLFLOW® Pump Tubing, PERRY® Exchange Dilator, or HeartSpan® Transseptal Needle, as these are considered by CMS to be accessory items. If none is defined, the facility will assign an internal charge code associated with an appropriate revenue code.

LOCATING C-CODES FOR CATHETERS AND SUPPLIES

C- Codes for Biosense Webster, Inc. products may be found:

- Online at www.biosensewebster.com/reimbursement
  Enter Biosense Webster, Inc. product number into On-line C-Code Finder.
  For other products, review the HCPCS Level II codebook or contact the manufacturer.

DIAGNOSES (ICD-10-CM)

CARDIAC DYSRHYTHMIAS

- I47.0 Re-entry ventricular arrhythmia
- I47.1 Supraventricular tachycardia (AVNRT, atrial, junctional, nodal)
- I47.2 Ventricular tachycardia
- I47.6 Paroxysmal tachycardia, unspecified (Bouveret [-Hoffman] syndrome)
- I47.8 Paroxysmal atrial fibrillation
- I48.1 Persistent atrial fibrillation
- I48.2 Chronic atrial fibrillation (permanent afib)
- I48.4 Typical atrial flutter (Type I atrial flutter)
- I48.9 Atypical atrial flutter (Type II atrial flutter)
- I48.91 Unspecified atrial fibrillation
- I48.92 Unspecified atrial flutter
- I49.01 Ventricular fibrillation
- I49.02 Ventricular flutter
- I49.1 Atrial premature depolarization (atrial premature beats)
- I49.2 Junctional premature depolarization
- I49.3 Ventricular premature depolarization
- I49.4 Unspecified premature depolarization (premature beats NOS)
- I49.49 Other premature depolarization (ectopic, extrasystole beats)
- I49.5 Sick sinus syndrome (tachy-brady syndrome)
- I49.8 Other specific cardiac arrhythmias (ectopic, nodal rhythm disorder)
- I49.9 Cardiac arrhythmia, unspecified

ABNORMALITIES OF HEART BEAT (SYMPTOMS)

- R00.0 Tachycardia, unspecified (sinoauricular tachy NOS, sinus tachy NOS)
- R00.1 Bradycardia, unspecified (sinus bradycardia, vagal bradycardia)
- R00.2 Tachycardia
- R00.8 Other abnormalities of heart beat
- R00.9 Unspecified abnormalities of heart beat

OTHER DIAGNOSES

The codes listed do not replace seeking coding advice from the payor and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. The information 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 reimbursement, payment or charge. Similarly, all CPT® & HCPCS 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. Third party trademarks used herein are trademarks of their respective owners.

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THERMOCOOL® Navigation Catheters are approved for drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter).

Effective dates: January 1, 2019 - December 31, 2019 After the expiration date, this information may no longer be accurate.

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