

# 2020 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, 93656)

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
+93462	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

ECHOCARDIOGRAPHY	
93306	Transthoracic echo, complete with doppler, color flow
93307	Transthoracic echo, complete without doppler
93308	Transthoracic echo, limited or follow-up
93312	Transesophageal echo, complete
+93320	Spectral Doppler echo (add-on with 93312)
+93321	Spectral Doppler echo, limited or follow-up (add-on with 93308, 93312)
+93325	Color flow Doppler (add-on with 93308, 93312)
+0439T	Myocardial contrast perfusion echocardiography
+93356	Myocardial strain imaging using speckle tracking-derived assessment

EP EVALUATION OF ICD	
93642	EP analysis of transvenous ICD with induction of VT/VF
93644	EP analysis of subcutaneous ICD with induction of VT/VF
0577T	EP analysis of substernal ICD with induction of VT/VF

PERI-PROCEDURAL DEVICE EVALUATIONS	
93286	Peri-procedure evaluation & program, pacemaker (may report x 2)
93287	Peri-procedural eval & program, transven ICD (x2) (with 93619, 93620, 93653)
93261	Peri-procedural eval & program, sub-Q ICD (x2) (with 93619, 93620, 93653)

MISCELLANEOUS PROCEDURES	
93451	Right heart cath (diagnostic)
93452	Left heart cath, retrograde
93453	Right & left heart cath
36005	Contrast injection for venography
75820	Venography, extremity, unilateral, S&I
93503	Swan-Ganz monitoring catheter placement

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)
GD	Units of service exceeds medically unlikely edit value and represents reasonable and necessary services

- 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).

THERMOCOOL® Navigation Catheters are approved for drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 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

Please note that not all products or supplies will have an associated C-code. There is no C-code for: REFSTAR™ Plus with QWIKPATCH® External Reference Patch, COOLFLOW® 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.

**ADDITIONAL REIMBURSEMENT SUPPORT**

Online at [www.biosensewebster.com/reimbursement](http://www.biosensewebster.com/reimbursement)

- 2020 EP Reimbursement and Coding Guide for Physicians and Facilities
- 2020 FAQ EP Coding and Reimbursement for Physicians and Facilities
- EP Procedure Documentation Best Practices
- C-Code Finder for Biosense Webster, Inc products

DIAGNOSES (ICD-10-CM)	
CARDIAC DYSRHYTHMIAS	
■ I47.0	Re-entry ventricular arrhythmia
■ I47.1	Supraventricular tachycardia (AVNRT, atrial, AV, junctional, nodal)
■ I47.2	Ventricular tachycardia
■ I47.9	Paroxysmal tachycardia, unspecified (Bouveret [-Hoffman] syndrome)
■ I48.0	Paroxysmal atrial fibrillation
■ I48.11	Longstanding persistent atrial fibrillation
■ I48.19	Other persistent atrial fibrillation
■ I48.20	Chronic atrial fibrillation, unspecified
■ I48.21	Permanent atrial fibrillation
■ I48.91	Unspecified atrial fibrillation
■ I48.3	Typical atrial flutter (Type I atrial flutter)
■ I48.4	Atypical atrial flutter (Type II atrial flutter)
■ 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
■ I49.40	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 specified 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	Palpitations
■ R00.8	Other abnormalities of heart beat
■ R00.9	Unspecified abnormalities of heart beat

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 levels of 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. CPT® codes and descriptors copyright © American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT BIOSENSE WEBSTER REIMBURSEMENT SUPPORT SERVICES**  
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Effective dates: January 1, 2020 - December 31, 2020. After the expiration date, this information may no longer be accurate.

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