

2018 Electrophysiology Services

Patient Name: _____

Date: _____

Physician: _____

Facility: _____

COMPREHENSIVE EP STUDIES

<input type="checkbox"/>	93619	Comprehensive EPS without induction of arrhythmia
<input type="checkbox"/>	93620	Comprehensive EPS with (attempted) induction of arrhythmia
<input type="checkbox"/>	+93621	Left atrial or coronary sinus pacing & recording (w/ 93620, 93653, 93654)
<input type="checkbox"/>	+93622	Left ventricular pacing & recording (w/ 93620, 93653, 93656)

MAPPING & ADD-ON PROCEDURES

<input type="checkbox"/>	+93609	Catheter mapping of tachycardia (w/ 93620, 93653, 93656)
<input type="checkbox"/>	+93613	3-D mapping (w/ 93620, 93653, 93656)
<input type="checkbox"/>	+93623	Drug stimulation (w/ 93610, 93612, 93619, 93620, 93653, 93654, 93656)

INDIVIDUAL STUDIES & OTHER PROCEDURES

<input type="checkbox"/>	93600	Bundle of His recording
<input type="checkbox"/>	93602	Intra-atrial recording
<input type="checkbox"/>	93603	Right ventricular recording
<input type="checkbox"/>	93610	Intra-atrial pacing
<input type="checkbox"/>	93612	Intraventricular pacing
<input type="checkbox"/>	93618	Induction of arrhythmia by electrical pacing
<input type="checkbox"/>	93615	Esophageal recording of atrial electrogram
<input type="checkbox"/>	93616	Esophageal atrial electrogram with pacing
<input type="checkbox"/>	93624	Follow-up EP study with pacing & recording, (attempted) induction
<input type="checkbox"/>	93660	Tilt table study

ABLATIONS

<input type="checkbox"/>	93650	AV node ablation
<input type="checkbox"/>	93653	Comprehensive EPS with atrial ablation
<input type="checkbox"/>	93654	Comprehensive EPS + 3D mapping with ventricular ablation
<input type="checkbox"/>	+93655	Ablate additional discrete arrhythmia focus (w/ 93653, 93654, 93656)
<input type="checkbox"/>	93656	Comprehensive EPS + transseptal + ablate pulmonary veins for Afib
<input type="checkbox"/>	+93657	Ablate additional RT or LT atrial site for Afib (with 93656)

INTRACARDIAC ECHO / TRANSEPTAL ACCESS

<input type="checkbox"/>	+93662	Intracardiac echocardiography
<input type="checkbox"/>	+93462	Transseptal or transapical puncture (w/ 93653, 93654)

CARDIOVERSION / PACING

<input type="checkbox"/>	92960	Cardioversion, elective, external
<input type="checkbox"/>	92961	Cardioversion, elective, internal
<input type="checkbox"/>	92953	Temporary transcutaneous pacing

ELECTROCARDIOGRAMS

<input type="checkbox"/>	93000	Electrocardiogram, complete
<input type="checkbox"/>	93010	Electrocardiogram, interpretation & report only
<input type="checkbox"/>	93025	Microvolt T-wave alternans

ECHOCARDIOGRAPHY

<input type="checkbox"/>	93306	Transthoracic echo, complete with doppler, color flow
<input type="checkbox"/>	93307	Transthoracic echo, complete without doppler
<input type="checkbox"/>	93308	Transthoracic echo, limited or follow-up
<input type="checkbox"/>	93312	Transesophageal echo, complete
<input type="checkbox"/>	+93320	Spectral Doppler echo (add-on with 93312)
<input type="checkbox"/>	+93321	Spectral Doppler echo, limited or follow-up (add-on with 93308, 93312)
<input type="checkbox"/>	+93325	Color flow Doppler (add-on with 93308, 93312)
<input type="checkbox"/>	+0439T	Myocardial contrast perfusion echocardiography

EP EVALUATION OF ICD

<input type="checkbox"/>	93642	EP analysis of transvenous ICD with induction of VT/VF
<input type="checkbox"/>	93644	EP analysis of subcutaneous ICD with induction of VT/VF

PERI-PROCEDURAL DEVICE EVALUATIONS

<input type="checkbox"/>	93286	Peri-procedure evaluation & program, pacemaker (may report x 2)
<input type="checkbox"/>	93287	Peri-procedural eval & program, transven ICD (x2) (with 93619, 93620, 93653)
<input type="checkbox"/>	93261	Peri-procedural eval & program, sub-Q ICD (x2) (with 93619, 93620, 93653)

MISCELLANEOUS PROCEDURES

<input type="checkbox"/>	93451	Right heart cath (diagnostic)
<input type="checkbox"/>	93452	Left heart cath, retrograde
<input type="checkbox"/>	93453	Right & left heart cath
<input type="checkbox"/>	36005	Contrast injection for venography
<input type="checkbox"/>	75820	Venography, extremity, unilateral, S&I
<input type="checkbox"/>	93503	Swan-Ganz monitoring catheter placement

OTHER PROCEDURES

<input type="checkbox"/>		
--------------------------	--	--

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).

