

# 2021 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 + transeptal + 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	Transeptal 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 transcatheter 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
<input type="checkbox"/>	+93356	Myocardial strain imaging using speckle tracking-derived assessment
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
<input type="checkbox"/>	0577T	EP analysis of substernal 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
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 NAVIS-TAR® RMT THERMOCOOL® Catheter).

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CATHETERS AND INTRODUCERS		
<input type="checkbox"/>	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
<input type="checkbox"/>	C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
<input type="checkbox"/>	C1732	Catheter, electrophysiology, diagnostic / ablation, 3D or vector mapping
<input type="checkbox"/>	C1733	Catheter, electrophysiology, diagnostic / ablation, other than 3D or vector mapping, other than cool-tip
<input type="checkbox"/>	C2630	Catheter, electrophysiology, diagnostic / ablation, other than 3D or vector mapping, cool-tip
<input type="checkbox"/>	C1759	Catheter, intracardiac echocardiography
<input type="checkbox"/>	C1893	Introducer / sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
<input type="checkbox"/>	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.

DIAGNOSES (ICD-10-CM)		
<b>CARDIAC DYSRHYTHMIAS</b>		
<input type="checkbox"/>	I47.0	Re-entry ventricular arrhythmia
<input type="checkbox"/>	I47.1	Supraventricular tachycardia (AVNRT, atrial, AV, junctional, nodal)
<input type="checkbox"/>	I47.2	Ventricular tachycardia
<input type="checkbox"/>	I47.9	Paroxysmal tachycardia, unspecified (Bouveret [-Hoffman] syndrome)
<input type="checkbox"/>	I48.0	Paroxysmal atrial fibrillation
<input type="checkbox"/>	I48.1	Longstanding persistent atrial fibrillation
<input type="checkbox"/>	I48.19	Other persistent atrial fibrillation
<input type="checkbox"/>	I48.20	Chronic atrial fibrillation, unspecified
<input type="checkbox"/>	I48.21	Permanent atrial fibrillation
<input type="checkbox"/>	I48.91	Unspecified atrial fibrillation
<input type="checkbox"/>	I48.3	Typical atrial flutter (Type I atrial flutter)
<input type="checkbox"/>	I48.4	Atypical atrial flutter (Type II atrial flutter)
<input type="checkbox"/>	I48.92	Unspecified atrial flutter
<input type="checkbox"/>	I49.01	Ventricular fibrillation
<input type="checkbox"/>	I49.02	Ventricular flutter
<input type="checkbox"/>	I49.1	Atrial premature depolarization (atrial premature beats)
<input type="checkbox"/>	I49.2	Junctional premature depolarization
<input type="checkbox"/>	I49.3	Ventricular premature depolarization
<input type="checkbox"/>	I49.40	Unspecified premature depolarization (premature beats NOS)
<input type="checkbox"/>	I49.49	Other premature depolarization (ectopic, extrasystole beats)
<input type="checkbox"/>	I49.5	Sick sinus syndrome (tachy-brady syndrome)
<input type="checkbox"/>	I49.8	Other specified cardiac arrhythmias (ectopic, nodal rhythm disorder)
<input type="checkbox"/>	I49.9	Cardiac arrhythmia, unspecified
<b>ABNORMALITIES OF HEART BEAT (SYMPTOMS)</b>		
<input type="checkbox"/>	R00.0	Tachycardia, unspecified (sinoauricular tachy NOS, sinus tachy NOS)
<input type="checkbox"/>	R00.1	Bradycardia, unspecified (sinus bradycardia, vagal bradycardia)
<input type="checkbox"/>	R00.2	Palpitations
<input type="checkbox"/>	R00.8	Other abnormalities of heart beat
<input type="checkbox"/>	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.

**ADDITIONAL REIMBURSEMENT SUPPORT**

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

- 2021 EP Reimbursement and Coding Guide for Physicians and Facilities**
- 2021 FAQ EP Coding and Reimbursement for Physicians and Facilities**
- EP Procedure Documentation Best Practices**
- C-Code Finder for Biosense Webster, Inc products**

**FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT BIOSENSE WEBSTER REIMBURSEMENT SUPPORT SERVICES**  
[biosensewebster@avaniareimbursement.com](mailto:biosensewebster@avaniareimbursement.com) or 800.362.2048

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Effective dates: January 1, 2021 - December 31, 2021. After the expiration date, this information may no longer be accurate.