

2022 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)
+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)
+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 + LA pacing + 3D mapping
93654	Comprehensive EPS + LA pacing + LV pacing + 3D mapping + ventricular ablation
+93655	Ablate additional discrete arrhythmia focus (w/ 93653, 93654, 93656)
93656	Comprehensive EPS + LA pacing + transseptal + 3D mapping + ICE + ablate pulmonary veins for Afib
+93657	Ablate additional RT or LT atrial site for Afib (with 93656)
INTRACARDIAC ECHO / TRANSSEPTAL ACCESS	
+93662	Intracardiac echocardiography (do not report with 93656)
+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
+93319	3D echo imaging and post-processing (w/ 93303, 93304, 93312, 93314, 93315, 93317)
+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)

- 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). The THERMOCOOL SMARTTOUCH® SF Catheter is indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation (AF) and for drug refractory recurrent symptomatic persistent AF (continuous AF > 7 days but < 1 year), refractory or intolerant to at least 1 Class I or III AAD, when used with the CARTO® 3 System.

