



Frequently Asked Questions (FAQs) Guide

CY2022 Coding and Physician Reimbursement Updates for EP Ablations

This guide provides coverage and reimbursement information for the finalized 2022 EP Medicare Physician Reimbursement as it relates to the bundling of Supraventricular tachycardia (SVT) ablation, Ventricular tachycardia (VT) ablation, and Pulmonary Vein Isolation (PVI) for atrial fibrillation (AF) ablation procedures. Abbott offers reimbursement support via email at AbbottEconomics@abbott.com. Customer reimbursement assistance is provided subject to the disclaimers set forth in this guide.

1. What are the 2022 coding changes for EP ablation procedures? ²

Supraventricular tachycardia (SVT) ablation, Ventricular tachycardia (VT) ablation, and Pulmonary Vein Isolation (PVI) ablation for AF ablation procedure codes were updated to include the bundling of add-on codes into the primary procedure codes where the American Medical Association (AMA) observed that these add-on procedures (e.g., ICE, 3D mapping, and left atrial pacing and recording) were frequently reported in combination with the aforementioned ablation codes.

Supraventricular tachycardia (SVT) ablation (CPT[‡] code 93653) will include 3D mapping (93613) and left atrial pacing and recording (93621)

93653: Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including **intracardiac electrophysiologic 3-dimensional mapping**, right ventricular pacing and recording, **left atrial pacing and recording from coronary sinus or left atrium**, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

Ventricular tachycardia (VT) ablation (CPT[‡] code 93654) will include left atrial pacing and recording (93621)

93654: Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, **left atrial pacing and recording from coronary sinus or left atrium**, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

Pulmonary Vein Isolation (PVI) ablation for AF (CPT[‡] code 93656) will include Intracardiac Echocardiography (ICE) (93662) and 3D mapping (93613)

93656: Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including **intracardiac electrophysiologic 3-dimensional mapping**, **intracardiac echocardiography including imaging supervision and interpretation**, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

In summary:

- **SVT** ablation will include 3D Mapping and Left Atrial Pacing (**CPT[‡] code 93653 + 93613 (3D Mapping) + 93621 (left atrial pacing)**)
- **VT** ablation will include Left Atrial Pacing (**CPT[‡] code 93654 + 93621 (left atrial pacing)**)
- **AF** ablation will include ICE and 3D mapping (**CPT[‡] code 93656 + 93613 (3D Mapping) + 93662 (ICE)**)

Effective January 1, 2022, the bolded add-on procedures were bundled into the primary procedure code and can no longer be reported separately when performed in conjunction with one another.

2. Why did these coding changes happen? ²

The American Medical Association (AMA) and specialty societies observed in the claims data that the add-on procedure codes were reported frequently (upwards of 80% of the time) with the primary ablation code. When this occurs, the specialty societies often request these add-on procedures be added to the descriptor of the primary procedure code for ease of future reporting. The specialty societies made this request at the October 2020 CPT[®] Panel where the AMA approved these recommendations for implementation on January 1, 2022. As a result of the bundling of the add-on codes and updates to the coding descriptors, the specialty societies had the RUC (Relative Value Update Committee) survey these procedure codes (CPT[®] codes 93653, 93654, and 93656) with their membership to get updated work values that contribute to the overall physician reimbursement rate.

3. What are the common elements of cardiac ablation procedures? ¹

The AMA created the chart below to best highlight the elements that are included in the three common EP ablation procedures. Please note if the procedure is designated with an “X” in the “Bundled” column then it is included in the code descriptor and not separately reportable when performed with the primary procedure. Procedures designated in the “not bundled; sometimes performed” column may be separately reportable based on medical appropriateness and substantiated with further documentation in the patient’s clinical notes.

ELEMENTS OF CARDIAC ABLATION PROCEDURE

Procedure/Services Included with Ablations	SVT ABLATION (93653)			VT ABLATION (93654)			AF ABLATION (93656)		
	Inherent	Bundled	Not bundled; sometimes performed	Inherent	Bundled	Not bundled; sometimes performed	Inherent	Bundled	Not bundled; sometimes performed
Insert/reposition multiple catheters	X			X			X		
Transseptal catheterization(s) (93462)			X			X	X		
Induction or attempted induction of arrhythmia with right atrial pacing and recording	X			X				X	
Intracardiac ablation of arrhythmia	X			X			X		
SVT ablation	X								
VT ablation				X					
AF ablation							X		
Intracardiac 3D mapping (93613)		X			X			X	
Right ventricular pacing and recording (93603)		X			X			X	
Left atrial pacing and recording from coronary sinus or left atrium (93621)		X			X			X	
His bundle recording (93600)		X			X			X	
Left ventricular pacing and recording (93622)					X				
Intracardiac echocardiography (93662)			X			X		X	

Table Reference: CPT[®] 2022 Professional Edition, Medicine/Cardiovascular, American Medical Association, page 781

4. What was the impact of these coding changes for SVT, VT and AF ablation on 2022 physician reimbursement and why did they occur? ^{2, 3}

As a result of additional procedures being bundled into the primary ablation codes, the SVT and AF ablation codes were surveyed to update the work values. Some physicians were unaware of the updated code descriptors and may have not updated the work RVUs to reflect the additional resources from the add-on procedures. This produced discrepancies in the work RVUs where they were lower than the original values which caused CMS (the Centers for Medicare and Medicaid Services) to finalize the interim work values to allow the physician societies and RUC to resurvey the codes at a later point. Unfortunately, this led to a significant reimbursement reduction for SVT and AF ablation procedures and a nominal reduction for VT ablation procedures. The physician reimbursements for SVT and AF ablation procedures will significantly decrease by -33.5% to \$848 and -27.3% to \$1,137, respectively. In addition, the reimbursement reduction associated for VT ablations was by -0.6% to \$1,137. These reimbursement changes are effective for dates of service on and after January 1, 2022.

The results of these financial impacts are summarized in the tables below: ¹

Procedure	2021 Physician Reimbursement	2022 Physician Reimbursement	% Change
SVT Ablation (93653)	\$853	\$ 848	
+ 3D Mapping (93613)	\$303	Bundled	
+ Left Atrial Pacing (93621)	\$119	Bundled	
Total	\$1,275	\$848	-33.5%

Procedure	2021 Physician Reimbursement	2022 Physician Reimbursement	% Change
VT Ablation (93654)	\$1,141	\$ 1,137	
Total	\$1,141	\$1,137	-0.6%

*For CPT‡ 93654, the work values were maintained for 2022 (same as 2021). The reduction is a result of the decrease in the 2022 physician conversion factor.

Procedure	2021 Physician Reimbursement	2022 Physician Reimbursement	% Change
AF Ablation (93656)	\$1,145	\$ 1,137	
+ 3D Mapping (93613)	\$303	Bundled	
+ ICE (93662)	\$115	Bundled	
Total	\$1,563	\$1,137	-27.3%

5. What can Electrophysiologists do to mitigate these reimbursement reductions for CY2023? ²

Electrophysiologist (EPs) should work with the physician specialty societies to advocate that the work values from the add-on procedures should be incorporated into the bundled codes to account for the additional resources. As a result of the inconsistent findings from the original survey of these codes, the physician societies and the RUC are likely to submit updated work RVUs from the April 2021 survey or re-survey the codes for consideration in the CY2023 Medicare Physician Rule public policy period.

The Centers for Medicare and Medicaid (CMS) does provide future reconsideration of the work values per the discussion in the CY2022 Physician File Rule, they state, “In consideration of concerns about a flaw in the original survey for these codes, CMS proposed to maintain the current work RVUs for some of the Cardiac Ablation services for CY 2022. We will re-review the new and revised AMA RUC recommendations for these codes when they become available and will consider for future rulemaking.”

In addition, below is a link to Heart Rhythm Society webpage which further updates physicians on the Final 2022 Payment rule and provides updates and resources available: <https://www.hrsonline.org/CMS22> ⁴

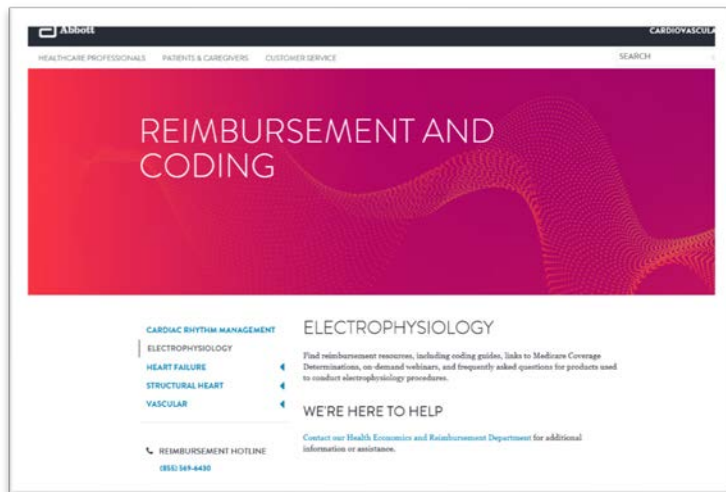
6. Who do I contact for questions?

- Email us at AbbottEconomics@abbott.com

7. What reimbursement resources are available?

- Coding Guides
- Links to on-demand webinars with CEUs
- Reimbursement hotline: **(855) 569-6430**
- Ask your field sales representative about the **Abbott HD Grid Economic Model**

EP Reimbursement Resources: <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/ep.html>



REFERENCES

- [1] *Per CPT‡ Coding Guidelines. AMA. CPT‡ 2022 Professional Edition. American Medical Association. 2022
- [2] Physician Prospective Payment-Final rule with Comment Period and Final CY2022 Payment Rates. CMS-1751-F: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1751-f>
- [3] Physician Prospective Payment-Final rule with Comment Period and Final CY2021 Payment Rates. CMS-1734-F: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>
- [4] Heart Rhythm Society Proposed Policy link: <https://www.hrsonline.org/CMS22>

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