

# Catheter Ablation and Related Procedures

## FREQUENTLY USED CPT<sup>†</sup> CODES - HOSPITAL OUTPATIENT AND PHYSICIAN SERVICES

HOSPITAL NAME \_\_\_\_\_ PROCEDURE DATE \_\_\_\_\_  
PHYSICIAN NAME \_\_\_\_\_ PHYSICIAN SIGNATURE \_\_\_\_\_

*Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT<sup>†</sup> coding, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.\**

*This list is not inclusive of all catheter ablation and related procedure case scenarios. The document does not represent any opinion or endorsement by Abbott of any particular approach to patient management or treatment. It is provided for illustrative and educational purposes only.*

### EP STUDY

#### COMPREHENSIVE

- 93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia (Do not report in conjunction with 93600, 93602, 93610, 93612, 93618, or 93620-93622)
- 93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording (Do not report in conjunction with 93600, 93602, 93610, 93612, 93618 or 93619)
- +93621 With left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) (Use in conjunction with 93620)
- +93622 With left ventricular pacing and recording (List separately in addition to code for primary procedure) (Use in conjunction with 93620)
- +93623 Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure) (Use in conjunction with 93619, 93620)
- 93624 Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

#### LIMITED

- 93600 Bundle of His recording
- 93602 Intra-atrial recording
- 93603 Right ventricular recording
- 93610 Intra-atrial pacing
- 93612 Intraventricular pacing

### MAPPING

- +93609 Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure) (Use in conjunction with 93620, 93651, 93652) (Do not report in addition to 93613)
- +93613 Intracardiac electrophysiologic three-dimensional mapping (List separately in addition to code for primary procedure) (Use in conjunction with 93620, 93651, 93652) (Do not report in addition to 93609)

### INTRACARDIAC CATHETER ABLATION PROCEDURES

- 93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
- 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavotricuspid isthmus or other single atrial focus or source of atrial re-entry

*Note: Because arrhythmia induction occurs via the same catheter(s) inserted for the electrophysiologic study(ies), catheter insertion and temporary pacemaker codes are not additionally reported.*



## INTRACARDIAC CATHETER ABLATION PROCEDURES

### CONT'D

----- 93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
----- +93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (Use 93655 in conjunction with 93653, 93654, 93656)
----- 93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation
----- +93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (Use 93657 in conjunction with 93656)
----- +93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture

## ECHOCARDIOGRAPHY

----- +93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) (Use in conjunction with 92987, 93527, 93532, 93580, 93581, 93621, 93622, 93651, or 93652, as appropriate) (Do not report 92961 in addition to 93662)
--------------	--

## IMAGING SERVICES

----- 76377	3-D rendering with interpolation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation (Use in conjunction with code[s] for base imaging procedure[s])
-------------	--

*Note: Do not report separately with CTA or MRA procedures*

### ADD-ON CODES

Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. These codes are designated with the + symbol.

### MODIFIERS

Providers can indicate that a service or procedure has been altered by a specific circumstance but has not changed in its definition or code. For example, modifiers may be used to report:

- Multiple procedures performed at the same session by the same provider (-51)
- That a portion of a service or procedure is reduced or eliminated at the physician's discretion (-52)
- That a procedure was discontinued (-53 for physician reporting; -73 or -74 for hospital reporting)
- That the service provided was greater than that usually required for the listed procedure (-22)
- Consult the current CPT and/or HCPCS manual for a complete listing of modifiers, their definitions and guidelines

### REFERENCES

American Medical Association, Current Procedural Terminology (CPT). Professional Edition. Chicago, IL. <https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology> \* <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/AMA-Disclaimer.html>

### DISCLAIMER

This document and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal reimbursement, business, clinical or other advice. Furthermore, it does not constitute a representation or guarantee of reimbursement, and it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding reimbursement or payment amounts, or that reimbursement or other payment will be received. The ultimate responsibility for obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial or reimbursement specialist for any questions related to billing, reimbursement or any related issue. This information does not guarantee coverage or payment at any specific level, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. This update reproduces information for reference purposes only. It is not provided or authorized for marketing use.