

## HEALTH ECONOMICS & REIMBURSEMENT

## **Catheter Ablation and Related Procedures**

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

HOSPITAL NAME PHYSICIAN NAME		PROCEDURE DATE  PHYSICIAN SIGNATURE	
	ssive of all catheter ablation and related procedu bbott of any particular approach to patient mand		
EP STUDY		LIMITED	Donalds of the according
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	93600 93602 93603 93610 93612 93618	Bundle of His recording Intra-atrial recording Right ventricular recording Intra-atrial pacing Intraventricular pacing Induction of arrhythmia by electrical pacing
	electrode catheters, without induction or attempted induction of arrhythmia (Do not report in conjunction with 93600-93603, 93610, 93612, 93618, 93620-93622, or 93653-93657)	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.	
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	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
+93621	(Do not report in conjunction with 93600- 93603, 93610, 93612, 93618, 93619, or 93653-93657) With left atrial pacing and recording from coronary sinus or left atrium (Use in conjunction with 93620) (Do not report in	+93613	in addition to code for primary procedure) (Use in conjunction with 93620, 93653, 93656) (Do not report in addition to 93613, 93654)
+93622	addition to 93656) With left ventricular pacing and recording (Use in conjunction with 93620, 93653,		with 93620) (Do not report in addition to 93609, 93654)
+93623	93656) (Do not report in addition to 93654) Programmed stimulation and pacing after intravenous drug infusion. (List separately in addition to code for primary procedure. Use in conjunction with 93610, 93612,		
93624	93619,93620, 93653,93654, 93656) Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia.		

# 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

93654

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93656

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 (Do not report in conjunction

with 93600-93603, 93610, 93612, 93613, 93618, 93619-93621, 93654, 93656) 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 (Do not report in conjunction with 93279-93284, 93286-93289, 93600-93603, 93609-93613, 93618--93620, 93622, 93653, 93656)

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 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 (Do not report in conjunction with 93279, 93280, 93281, 93282, 93283,

93284, 93286, 93287, 93288, 93289, 93462, 93600, 93602, 93603, 93610, 93612, 93613, 93618, 93619, 93620, 93621, 93653, 93654, 93662)

+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)

Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) (Use in conjunction with (33477, 33741, 33745, 93452, 93453, 93458-93461, 93582, 93595-93597, 93653,93654) (Do not report with 93656, 93590) Do not report 93462 with, 33418, 0345T, 0544T unless transapical puncture is performed)

#### **ECHOCARDIOGRAPHY**

+93662

+93462

Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) (Use in conjunction with 33274, 33275, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477, 33741, 33745, 92986, 92987, 92990, 92997, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93505, 93580, 93581, 93582, 93583, 93590, 93591, 93593, 93594, 93595, 93596, 93597, 93620, 93653, 93654, 93656, 0345T, 0483T, 0484T, 0543T, 0544T, 0545T as appropriate) (Do not report 93662 in conjunction with 92961, 0569T, 0570T, 0613T)

### **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. at: <a href="https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology">https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology</a>

#### CPT-AMA Disclaimer

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