Intracardiac Catheter Ablations and Mapping

2024 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The table below contains a list of possible CPT® codes that may be used to bill for intracardiac catheter ablation and mapping procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

CPT Code	Code Description
Intracardiac Ablations	
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 (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; 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
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 (when necessary), and His bundle recording (when necessary) 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 (List separately in addition to code for primary procedure)
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
+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 (List separately in addition to code for primary procedure)
+93462	Left heart catheterization by transseptal puncture through intact septum or by transseptal puncture (list separately in addition to code for primary procedure)
Intracardiac 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)
+93613	Intracardiac electrophysiologic 3-D mapping (list separately in addition to code for primary procedure)

+ sign indicates add-on code

See important notes on the uses and limitations of this information on page 4.

Physician Payment – Medicare

Physician claims must contain the appropriate CPT code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT codes that may be used to bill for intracardiac catheter ablation and mapping procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	Work RVUs	Total Facility RVUs	Facility Rate
Intracardiac Ablations				
93650	Intracardiac catheter ablation of **atrioventricular node** function	10.24	17.00	$566
93653	Comprehensive EP evaluation & intracardiac catheter ablation of **supraventricular arrhythmia**	15.00	24.42	$813
93654	Comprehensive EP evaluation & intracardiac catheter ablation of **ventricular tachycardia** including 3D mapping	18.10	29.42	$979
+93655	Intracardiac catheter ablation arrhythmia add-on	5.50	8.95	$298
93656	Comprehensive EP evaluation & intracardiac catheter ablation of **atrial fibrillation** by pulmonary vein isolation	17.00	27.69	$922
+93657	Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation add-on	5.50	8.95	$298
+93462	Left heart catheterization by transseptal puncture	3.73	6.06	$202
Intracardiac Mapping				
+93609-26	Intracardiac tachycardia mapping add-on	4.99	7.93	$264
+93613	Intracardiac EP 3D mapping add-on	5.23	8.52	$284

+ sign indicates add-on code, -26 Modifier indicates professional component
When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153.

Hospital Outpatient Payment – Medicare

Hospital outpatient claims must contain the appropriate CPT code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT codes that may be used to bill for intracardiac catheter ablation and mapping procedures. Providers should select the most appropriate code(s) with the highest level of detail.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	APC	Hospital Outpatient Rate
Intracardiac Ablations			
93650	Intracardiac catheter ablation of **atrioventricular node** function	5212	$7,116
93653	Comprehensive EP evaluation & intracardiac catheter ablation of **supraventricular arrhythmia**	5213	$22,629
93654	Comprehensive EP evaluation & intracardiac catheter ablation of **ventricular tachycardia**	5213	$22,629
93656	Comprehensive EP evaluation & intracardiac catheter ablation of **atrial fibrillation** by pulmonary vein isolation	5213	$22,629

See important notes on the uses and limitations of this information on page 4.

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Possible MS-DRG Assignment	Description	Payment
273	Percutaneous Intracardiac Procedures and Other Procedures w MCC	$27,285
274	Percutaneous Intracardiac Procedures and Other Procedures w/o MCC	$22,691

ICD-10 PCS Procedure Codes

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible ICD-10-PCS codes that may be used to bill for intracardiac catheter ablation and mapping procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) rendered.

Procedure	ICD-10 PCS Code	Description
Mapping	02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
Radiofrequency Ablation or Cryoablation	02583ZZ	Destruction of conduction mechanism, percutaneous approach
Pulsed Field Ablation	Through March 31, 2024	
	02583ZZ	Destruction of conduction mechanism, percutaneous approach
	Effective April 1, 2024	
	02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach

See important notes on the uses and limitations of this information on page 4.

Coding Resources for AF Solutions

Internal BSC:

Rhythm Management - Health Economics and Market Access (sharepoint.com)

Showpad

External Customers link or contact your local BSC Representative:

http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

References

1. CMS. CY2024 Physician Fee Schedule, Final Rule. CMS-1784-F2-CN
2. CMS. CY2024 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1786-CN, Addenda A, Addenda AA
3. CMS. FY2024 Hospital Inpatient Prospective Payment System, CMS-1785-CN

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2024.

CPT® Disclaimer

See important notes on the uses and limitations of this information on page 4.