

Quick Reference

2008 Electrophysiology Coding and Payment

GuidePoint is Simplifying Reimbursement

Medicare Hospital Inpatient¹

On August 1, 2007, the Centers for Medicare and Medicaid Services (CMS) released the final update to the fiscal year 2008 (FY08) Inpatient Prospective Payment System (IPPS). The new rates are effective October 1, 2007 through September 30, 2008. Changes affecting ablation therapy are detailed below. CMS has adopted a Medicare Severity Diagnosis-Related Group (MS-DRG) system to account for patient disease severity. By adopting the new MS-DRG structure, most ablation procedures will now fall into one of two MS-DRG categories, listed below.

MS-DRG	Procedure	2008 vs. 2007	Base MS-DRG Reimbursement*
250	Percutaneous cardiovascular procedures without coronary artery stent or Acute Myocardial Infarction with Major Complications/Comorbidities	76%	\$15,262
251	Percutaneous cardiovascular procedures without coronary artery stent or Acute Myocardial Infarction without Major Complications/Comorbidities	23%	\$10,727

*Hospital specific final rates may vary due to geographic wage differences or be higher due to teaching institution status and disproportionate share of care status.

Medicare Hospital Outpatient²

On November 1, 2007, CMS released the final update to the 2008 Outpatient Prospective Payment System (OPPS). The new rates are effective January 1, 2008 through December 31, 2008. 2008 payments for common electrophysiology procedures are detailed below. CMS will utilize a new "Composite APC" for cases in which both a comprehensive EP Evaluation and an ablation are performed on the same day. CMS also reconfigured the remaining EP evaluation and ablation APCs.

APC	Procedure	2008 vs. 2007	Base APC Reimbursement**
8000 [^]	Cardiac Electrophysiologic Evaluation and Ablation Composite (see APC 8000 Procedure Description below)	N/A	\$8,543
0084	Level I EP Procedures (Diagnostic study only)	0%	\$610
0085	Level II EP Procedures (Diagnostic study and ablation)	43%	\$3,012
0086	Level III EP Procedures (Multiple ablations only)	102%	\$5,914
0087	Cardiac Electrophysiologic Recording/Mapping	N/A	\$0
0670 ^{^^}	Level II Intravascular and Intracardiac Ultrasound and Flow Reserve	N/A	\$0

** Final rates may vary due to geographic wage differences.

[^] New Composite APC for EP Evaluation & Ablation performed on the same day. APCs 84-86 will apply when services rendered do not qualify for APC 8000 (e.g., evaluation and ablation performed on different dates). APC 87 is now included in the Composite APC and not paid separately.

^{^^} Payment for ICE will now be bundled into the primary APC.

APC 8000 Procedure Description

APC 8000 will be assigned when claims reflect that operative sessions included at least one of the ablation services below:

- **CPT Code⁴ 93650 – AV Node Ablation:** Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
- **CPT Code 93651 – SVT Ablation:** Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
- **CPT Code 93652 – VT Ablation:** Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia

AND one of the two comprehensive, diagnostic EP procedures:

- **CPT Code 93619 – EP Study without induction:** 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
- **CPT Code 93620 – EP Study with induction:** 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

For either “Electrophysiology Evaluation”, 93619 or 93620, all sub-components listed below must be performed, in addition to an ablation procedure, in order to qualify for the composite APC 8000.

Diagnostic EP Procedures

If fewer than the five sub-components of the comprehensive EP study without induction (Electrophysiology Evaluation (93619)) or six sub-components of the comprehensive EP study with induction (Electrophysiology Evaluation (93620)) are performed, claims submitted should indicate only those procedures.

Comprehensive EP study with induction (Electrophysiology Evaluation (93620)) includes six sub-component procedures each with their own CPT code:

- | | |
|--------------------------------------------|--------------------------------------------------------------------------|
| 93600 – Bundle of His recording | 93610 – Intra-atrial pacing |
| 93602 – Intra-atrial recording | 93612 – Intraventricular pacing |
| 93603 – Right ventricular recording | 93618 – Heart rhythm pacing (see below for procedure description) |

Comprehensive EP study without induction (Electrophysiology Evaluation (93619)) includes all services of Electrophysiology Evaluation (93620) except the paced induction of arrhythmia (heart rhythm pacing (93618)).

2008 OPSS EP Procedures Detail

APC	CPT ^{®4} Code	Procedure	Procedure Description (where applicable)	Base APC Reimbursement**
0084		Level I EP Procedures		\$610
0084	93600	Bundle of His recording		\$610
0084	93602	Intra-atrial recording		\$610
0084	93603	Right ventricular recording		\$610
0084	93610	Intra-atrial pacing		\$610
0084	93612	Intraventricular pacing		\$610
0084	93615	Esophageal recording	Esophageal recording of atrial electrogram and/ or ventricular electrogram	\$610
0084	93616	Esophageal recording	;with pacing	\$610
0084	93618	Heart rhythm pacing	Paced induction of arrhythmia	\$610
0084	93642	Electrophysiology evaluation	NIPS	\$610
0085		Level II EP Procedures		\$3,012
0085	93619	Electrophysiology evaluation	Comprehensive EP Study without induction or attempted induction of arrhythmia	\$3,012
0085	93620	Electrophysiology evaluation	Comprehensive EP Study with induction or attempted induction of arrhythmia	\$3,012
0085	93624	Electrophysiology study	EP follow up study to check effectiveness of therapy	\$3,012
0085	93650	Ablate heart dysrhythm focus	AV Node Ablation	\$3,012
0086		Level III EP Procedures		\$5,914
0086	93651	Ablate heart dysrhythm focus	SVT Ablation	\$5,914
0086	93652	Ablate heart dysrhythm focus	VT Ablation	\$5,914

Eliminated Separate Payment

Separate payment for the following procedure codes has been eliminated for 2008. Continue to code for work completed. Note those with "+" are "add-on" codes.

- +93609 - Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia
- +93613 - Intracardiac electrophysiologic 3-dimensional mapping
- +93621 - Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium
- +93622 - ; with left ventricular pacing and recording
- +93623 - Programmed stimulation and pacing after intravenous drug infusion
- 93631 - Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
- +93662 - Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)

Medicare Physician Payment^{3†}

As a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007, physician payments will increase an average 0.5% through June 30, 2008. Without Congressional intervention, on July 1, 2008, the physician fee schedule will revert to the scheduled average -10% cut in physician payments. Below are common electrophysiology procedure payment changes.

Note that several procedures are subject to the Multiple Procedure Reduction, denoted by the.** However, if a complete EP study is not performed, physicians can bill individually for those sub-components completed.

Common CPT ^{®4} Code	Procedure	2008 vs.2007	Base CPT Reimbursement*
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal	0%	\$251
+93609 (-26)	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)	1%	\$268
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately)	1%	\$376
93619 (-26)	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	1%	\$399**
93620 (-26)	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	1%	\$627**
93621 (-26)	;with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	2%	\$113
93622 (-26)	;with left ventricular pacing and recording (List separately in addition to code for primary procedure)	1%	\$165
93600 (-26)	EP Study Sub-Components Bundle of His recording	1%	\$114
93602 (-26)	Intra-atrial recording	1%	\$113
93603 (-26)	Right-ventricular recording	1%	\$113
93610 (-26)	Intra-atrial pacing	1%	\$160
93612 (-26)	Intra-ventricular pacing	1%	\$160
93618 (-26)	Heart rhythm pacing	1%	\$229

Common CPT® Code	Procedure	2008 vs. 2007	Base CPT Reimbursement*
+93623 (-26)	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	1%	\$153
93624 (-26)	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	1%	\$265
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	1%	\$575**
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	1%	\$870**
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	1%	\$948**
+93662 (-26)	Intracardiac echocardiography during therapeutic/ diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1%	\$147
93660 (-26)	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood monitoring, with or without pharmacological intervention	1%	\$98

¹Centers for Medicare and Medicaid Services. Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates. August 1, 2007. Available at: <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1533-FC.pdf>. Accessed January 15, 2008.

²Outpatient Final rule available at <http://www.cms.hhs.gov/Hospitaloutpatientpps/downloads/cms1392fc.pdf>. Accessed January 15, 2008.

³Physician Fee Schedule Overview. Available at <http://www.cms.hhs.gov/PhysicianFeeSched/>. Accessed January 15, 2008.

⁴CPT is a trademark of the American Medical Association. CPT Codes © 2007 American Medical Association. All Rights Reserved.

Disclaimer

The information provided on this website was obtained from third-party sources and is subject to change without notice, as a result of changes in reimbursement laws, regulations, rules and policies. All content on this website is informational only, general in nature and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for healthcare procedures including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that Boston Scientific assumes will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing and payment levels for healthcare procedures. This website represents no promise or guarantee by Boston Scientific regarding coverage, coding, billing and payment levels. Boston Scientific specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information on this website.

CPT Disclaimer

CPT Copyright 2007 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. 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, 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.

The logo for Boston Scientific, featuring the words "Boston" and "Scientific" in a blue serif font, with "Boston" stacked above "Scientific".

Delivering what's next.™

Cardiac Rhythm Management

Boston Scientific Corporation
4100 Hamline Avenue North
St. Paul, MN 55112-5798 USA
Tel: 651.582.4000 Fax: 651.582.4166

Medical Professionals:
1.800.CARDIAC (227.3422)
Patients and Families:
1.866.484.3268

www.bostonscientific.com

Copyright © 2008 by
Boston Scientific Corporation
or its affiliates. All rights reserved.

M0-542-0108