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2023 Physician Updates in EP Ablation Coding and Compliance

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Faculty and Planner Disclosure

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The information is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is for information purposes only and represents no statement, promise, or guarantee by Biosense Webster, Inc. or Avania, LLC concerning levels of reimbursement, payment or charge. Similarly, all CPT® and HCPCS codes are supplied for information purposes only and represent no statement, promise or guarantee by Biosense Webster, Inc. or Avania, LLC that these codes will be appropriate or that reimbursement will be made. It is important to research coverage and payment for procedures on a payer-specific basis as coverage policies and guidelines vary by payer.

The case study examples are provided to only illustrate a possible reimbursement scenario. It is not intended as direction on how to conduct or code a procedure. Individual procedures and corresponding codes will vary based on the physician's medical judgment and circumstances of the case.

Learning Objectives

- Identify tools that support accurate coding and documentation.
- Consider appropriate updates to enhance efficiency and compliance.

Agenda

- Background
- Diagnostic Procedures
- Bundling and Add-on Codes
- Diagnosis Coding
- Case Scenarios
- Coding and Documentation Improvement
- Medicare Risk Adjustment and Alternative Payment Models
- Additional Resources

Procedural Coding

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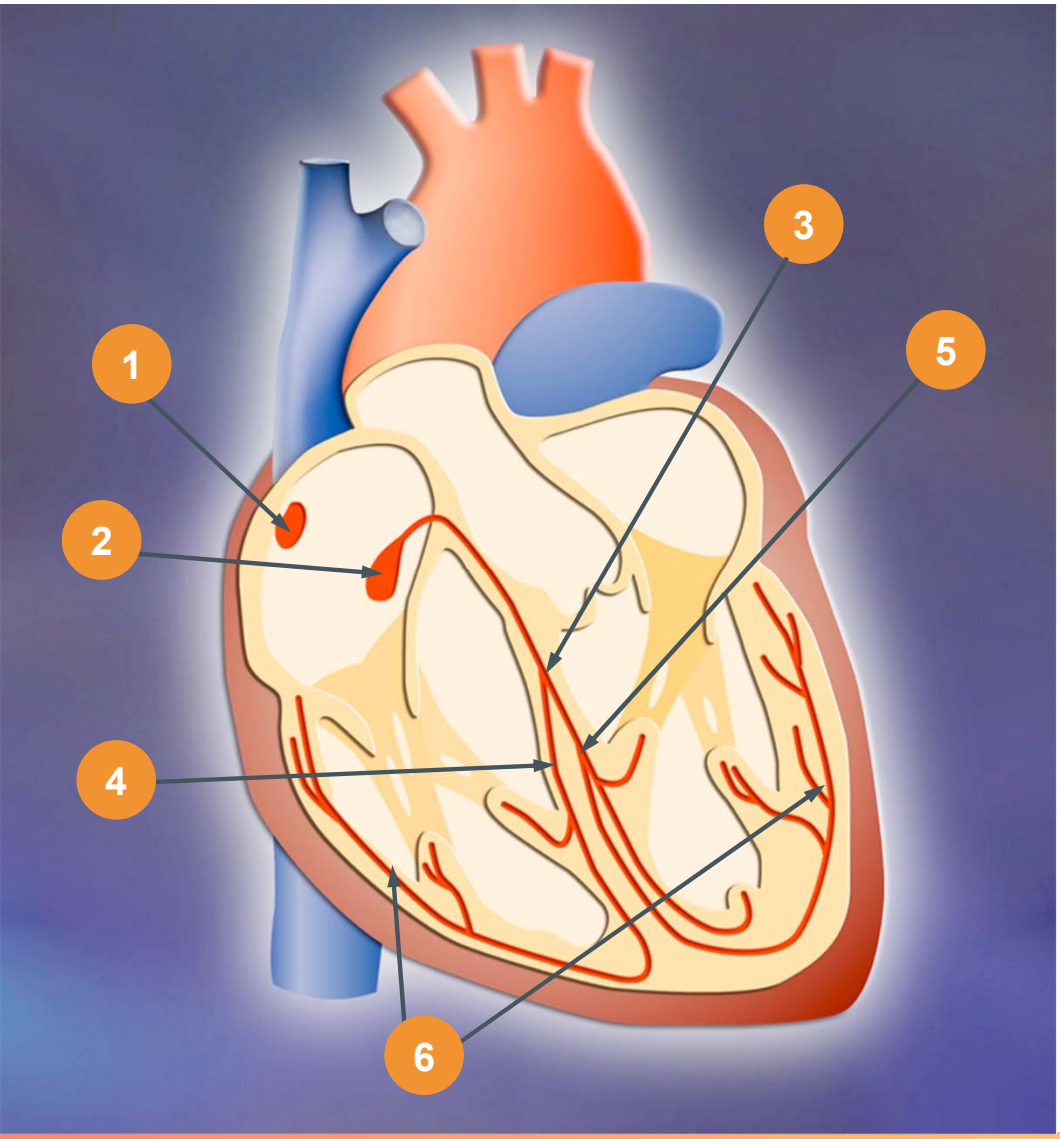

Conduction System of the Heart

1. Sinoatrial (SA) Node
2. Atrioventricular (AV) Node
3. His Bundle
4. Right Bundle Branch
5. Left Bundle Branch
6. Purkinje Fibers

Non-Invasive Evaluation of Arrhythmias

Multiple clinical studies have shown increased detection of important arrhythmias with longer monitoring periods to determine severity / burden. Cardiovascular monitoring services are diagnostic medical procedures using in-person and remote technology to assess cardiovascular rhythm (ECG) data.

- Holter monitors (**93224 - 93227**) include up to ***48 hours*** of continuous recording.
- Mobile cardiac telemetry monitors (**93228, 93229**) have the capability of transmitting a tracing at ***anytime***, always have internal ECG analysis algorithms designed to detect major arrhythmias and transmit to an attended surveillance center.
- Event monitors record segments of ECGs with recording initiation triggered either by ***patient activation or by an internal automatic, pre-programmed detection algorithm (or both)*** and transmit the recorded electrocardiographic data when requested (but cannot transmit immediately based upon the patient or algorithmic activation rhythm). Category I event monitor codes (**93268 – 93272**) require attended surveillance; Category III event monitor codes (**0497T-0498T**) do not require attended surveillance.
- For long-term devices that continuously record and store for ***greater than 48 hours and up to 7 days*** (**93241 – 93244**), or for greater than ***7 days up to 15 days*** (**93245 – 93248**).

Intracardiac Electrophysiology Procedures

Diagnostic Electrophysiologic Study

Individual Measurements

93600	His bundle recording
93602	Intra-atrial recording
93603	Right ventricular recording
93610	Intra-atrial pacing
93612	Right ventricular pacing

Comprehensive Study

93619	Right atrial and ventricular pacing & recording, His bundle recording

Arrhythmia Induction

93618	Induction of arrhythmia
93620	Comprehensive study with induction

Mapping

+93609	Mapping
+93613	Three-dimensional mapping

Add-on Codes

+93621	Left atrial pacing & recording
+93622	Left ventricular pacing & recording
+93623	Programmed stimulation after IV drug infusion
+93662	Intracardiac echocardiography

Ablation Procedures

93650	AV node ablation
93653	EP study with atrial ablation
93654	EP study with ventricular ablation
+93655	Ablate discrete mechanism of arrhythmia
93656	EP study with pulmonary vein ablation for Afib
+93657	Ablate additional foci for Afib

Diagnostic Electrophysiologic Procedures

Documentation Notes:

- If not all of the components included in the definition of a comprehensive electrophysiological study are performed, the specific measurements would be reported individually. Sites paced and recorded within the heart should be clearly indicated in the documentation.
- If the physician were to place a single coronary sinus catheter for left atrial pacing and recording, without comprehensive EP study, this may be reported as 93602 and 93610, as the codes do not specify right or left atrium.
- For comprehensive studies, the descriptor for 93620 states, “induction *or attempted* induction of arrhythmia.” Therefore, this code is appropriate even when an attempt is not successful.

Electrophysiology Procedures

The CPT™ Editorial Panel annually reviews codes that are frequently reported together (more than 70% of the time), since 2022 certain add-on codes have been bundled into the primary ablation packages. Below are several elements of cardiac ablations procedures:

EP Service	93653 (SVT Ablation)	93654 (VT Ablation)	93656 (AFib Ablation)
Induction or attempted induction of arrhythmia with right atrial pacing and recording	Inherent to the procedure	Inherent to the procedure	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)	N/A	X	N/A
Intracardiac echocardiography (93662)	N/A	N/A	X
Transeptal Puncture (93462)	N/A	N/A	Inherent to the procedure
Ablation of distinct arrhythmia mechanism (93655)	N/A	N/A	N/A
Additional linear or focal atrial ablation for AFib (93657)	Can only be reported with CPT 93656	Can only be reported with CPT 93656	N/A

N/A=CPT Code separately reportable when appropriate

Variations in Bundling and Add-On Codes

There are many methods by which procedures may be “bundled” or “packaged”, which can vary by different payor policies:

- CPT Definitions
  - “Includes when performed” or “(separate procedure)”
  - Certain procedures are designated add-on codes per CPT® definition, and may only be reported in conjunction with a primary procedure – one may not be reported “stand-alone”
- The National Correct Coding Initiative (CCI)
- Private Software
- Medically Unlikely Edits (MUEs)
- Payor and Procedure Specific Frequency Guidelines

Variations in Bundling and Add-On Codes

CPT® may also indicate in a parenthetical instruction that a procedure may only be reported when in conjunction with other specified. Examples relevant to EP services include:

- **Mapping (93609 or 93613) may be reported only in conjunction with 93620; it is bundled with 93653 (SVT), 93654, and 93656.**
- Left atrial pacing and recording (93621) may only be reported in conjunction with 93620, it is included in 93653, 93654, and 93656.
- Left ventricular pacing and recording (93622) may be reported in conjunction with 93620 – it may also be appropriate with 93653 or 93656, but is included in 93654.
- IV drug study (93623) may be reported in conjunction with 93610, 93612, 93619, or 93620 – it may also be reported with ablation codes 93653, 93654, and 93656; CCI includes additional limitations.
- **Intracardiac echocardiography (93662) may be reported in conjunction with 93620, 93621, 93622, 93653, or 93654; it is bundled with 93656.**
- Transseptal puncture (93462) may be reported with 93653 or 93654, but is bundled with 93656.
- Only one primary ablation package (93653, 93654, or 93656) may be reported per case; ablation for additional arrhythmias are reported with 93655 or 93657.
- **Left Atrial Appendage Occlusion (33340) may be reported with 93662 (ICE)**

Diagnosis Coding

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ICD-10-CM

The ICD-10 updates for Fiscal Year (FY) 2023 contain a moderate number of revisions.

- FY 2023 ICD-10-CM had 1,176 new code additions, 288 deletions and 28 revisions.
- FY 2023, ICD-10-PCS added 331 new codes, 64 deletions, and 0 revisions.

These numbers do not include changes to notes and other instructions, nor the ICD-10-CM Guidelines.

The changes in the code sets vary from simple to complex but getting to know them is essential. A current release of ICD-10-CM and ICD-10-PCS is available at http://www.cms.gov/ICD10.

Arrhythmia Diagnoses

I47 Paroxysmal tachycardia

Code first tachycardia complicating:
abortion or ectopic or molar pregnancy (O00-O07, O08.8)
obstetric surgery and procedures (O75.4)

Excludes1: tachycardia NOS (R00.0)
sinoauricular tachycardia NOS (R00.0)
sinus [sinusal] tachycardia NOS (R00.0)

I47.0 Re-entry ventricular arrhythmia

I47.1 Supraventricular tachycardia
Atrial (paroxysmal) tachycardia
Atrioventricular [AV] (paroxysmal) tachycardia
Atrioventricular re-entrant (nodal) tachycardia [AVNRT] [AVRT]
Junctional (paroxysmal) tachycardia
Nodal (paroxysmal) tachycardia

I47.2 Ventricular tachycardia

I47.9 Paroxysmal tachycardia, unspecified
Bouveret (-Hoffman) syndrome

Arrhythmia Diagnoses

I48 Atrial fibrillation and flutter

I48.0 Paroxysmal atrial fibrillation

I48.1 Persistent atrial fibrillation
Excludes1: Permanent atrial fibrillation (I48.21)

I48.11 Longstanding persistent atrial fibrillation

I48.19 Other persistent atrial fibrillation
Chronic persistent atrial fibrillation
Persistent atrial fibrillation, NOS

I48.2 Chronic atrial fibrillation

I48.20 Chronic atrial fibrillation, unspecified
Excludes1: Chronic persistent atrial fibrillation (I48.19)

I48.21 Permanent atrial fibrillation

I48.3 Typical atrial flutter
Type I atrial flutter

I48.4 Atypical atrial flutter
Type II atrial flutter

I48.9 Unspecified atrial fibrillation and atrial flutter

I48.91 Unspecified atrial fibrillation

I48.92 Unspecified atrial flutter

In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Types of Atrial Fibrillation

- Paroxysmal atrial fibrillation is episodic; it begins suddenly and ends spontaneously within 7 days of onset, but may be recurrent.
- Persistent atrial fibrillation refers to atrial fibrillation that occurs for longer than 7 days and ends either spontaneously or with treatment.
- Long-standing persistent atrial fibrillation refers to patients who have uninterrupted atrial fibrillation for more than a year.
- Chronic atrial fibrillation is a less specific term, which may now be more precisely referred to as either long-standing persistent or permanent Afib.
- In permanent atrial fibrillation, symptoms last for more than a year and typically cannot be corrected by treatments. Patients may receive treatments to control heart rate and reduce stroke risk.

Arrhythmia Diagnoses

I49 Other cardiac arrhythmias

Code first cardiac arrhythmia complicating:
abortion or ectopic or molar pregnancy (O00-O07, O08.8)
obstetric surgery and procedures (O75.4)

Excludes1: neonatal dysrhythmia (P29.1-)
sinoatrial bradycardia (R00.1)
sinus bradycardia (R00.1)
vagal bradycardia (R00.1)

Excludes2: bradycardia NOS (R00.1)

I49.0 Ventricular fibrillation and flutter

I49.01 Ventricular fibrillation

I49.02 Ventricular flutter

I49.1 Atrial premature depolarization
Atrial premature beats

I49.2 Junctional premature depolarization

I49.3 Ventricular premature depolarization

I49.4 Other and unspecified premature depolarization

I49.40 Unspecified premature depolarization
Premature beats NOS

I49.49 Other premature depolarization
Ectopic beats
Extrasystoles
Extrasystolic arrhythmias
Premature contractions

I49.5 Sick sinus syndrome
Tachycardia-bradycardia syndrome

I49.8 Other specified cardiac arrhythmias
Brugada syndrome
Coronary sinus rhythm disorder
Ectopic rhythm disorder
Nodal rhythm disorder

I49.9 Cardiac arrhythmia, unspecified
Arrhythmia (cardiac) NOS

Diagnosis Specificity

When documenting arrhythmias, include the following:

Criteria	Examples
Location	Atrial, ventricular, supraventricular, nodal
Rhythm Name	Flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome, WPW syndrome
Acuity / Quality	Acute, persistent, chronic, permanent, paroxysmal, typical, atypical
Cause, if applicable	Hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil HCl

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Physician Reimbursement and Case Studies

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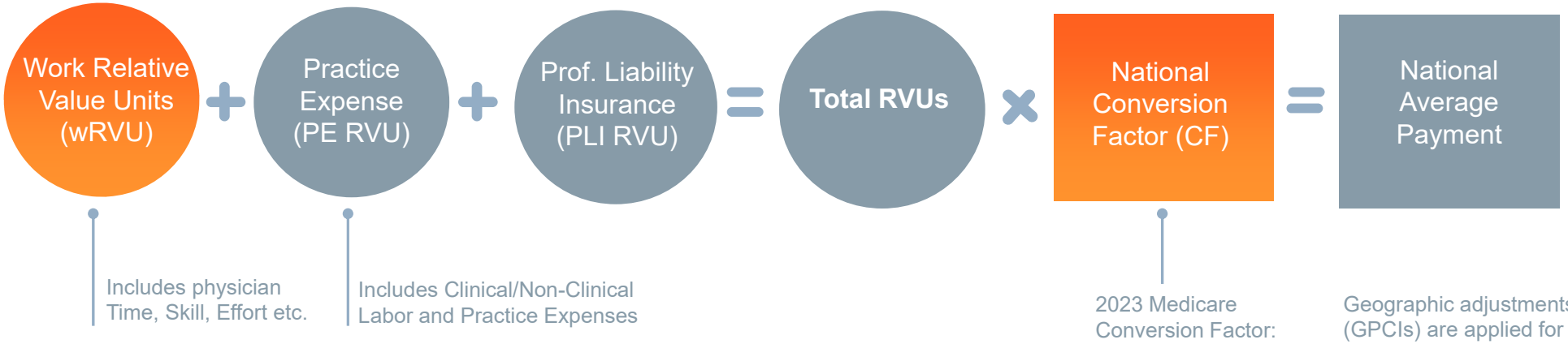
Medicare Physician Fee Schedule (MPFS) – Overview

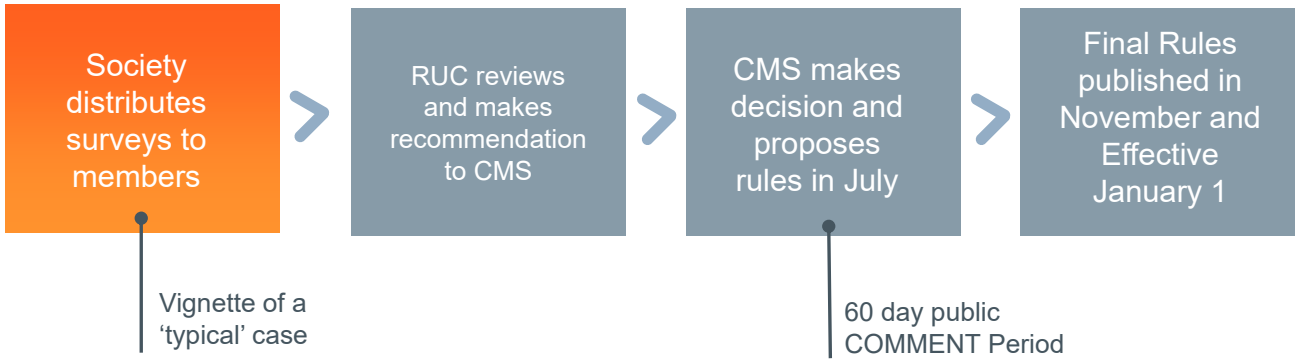
The Role of RVUs



Medicare Physician Fee Schedule (MPFS) – Overview

Physician payment for a procedure is determined by the Medicare Physician Fee Schedule, which applies Relative Value Units (or RVUs) to CPT codes and are the numeric values assigned to each CPT code listed in the physician fee schedule.

How wRVUs are determined



RUC = Relative Value Scale (RVS) Update Committee (RUC)

Note on Case Scenarios

The case scenario examples are provided only to illustrate possible coding and reimbursement scenarios. They are not intended as direction on how to conduct a procedure. Individual procedures will vary based on the physician's medical judgment. Medical necessity and appropriateness of any procedure is always specific to the facts of the individual case and as determined by the physician.

The primary focus of this presentation is on CPT® coding for procedures, as well as ICD-10-CM diagnosis coding criteria. If a procedure is performed as an outpatient, the facility would then report with the same CPT® codes as the physician; however, payment methodologies and bundling are often not the same, even when both facility and physician report with CPT® codes.

The reimbursement examples provided reflect 2023 Medicare national average allowables[1], not adjusted geographically.

1 The Medicare Physician Fee Schedule (MPFS) payment amounts indicated are based upon data elements published by the Centers for Medicare and Medicaid Services (CMS) in the Final Rule (CMS-1771-F, Vol 87, No. 222; November 18, 2022, conversion factor revised to $33.8872 on 01/05/23.

. CMS may make adjustments to any or all of the data inputs from time to time.

Scenario 1 – Atrial Fibrillation Ablation with Pulmonary Vein Isolation

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 55 yo M, presents in normal sinus rhythm for paroxysmal atrial fibrillation diagnosed 3 months ago. Physician placed catheters and completed a transseptal puncture with assistance of intracardiac echo (ICE). Successful isolation of all four pulmonary veins occurred during the procedure, using 3-D mapping and ICE. Prior atrial flutter ablation checked and confirmed patent. Patient to remain on warfarin.	**93656**	Comprehensive EPS with pulmonary vein isolation for Afib, *includes transseptal access, left atrial pacing & recording, 3-D mapping, and intracardiac echocardiography*	17.00	28.01	$949
		Totals	**17.00**	28.01	$949

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
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THERMOCOOL® Navigation Catheters are approved for drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter).
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In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 1 – Atrial Fibrillation Ablation with Pulmonary Vein Isolation

Documentation Notes:

- A transesophageal echocardiogram is often performed prior to an EP study for atrial fibrillation, on the same or the previous date. Although some observations the TEE may be found in the ablation note, a separate complete interpretation report is expected to be in the chart – this report may also indicate whether spectral Doppler and/or color flow were used.
- 3-D mapping and intracardiac ultrasound are now included in the descriptor for 93656, and not reported separately.
- The cavotricuspid isthmus (CTI) line from prior atrial flutter ablation is noted as “checked” and patent from prior ablation, so this is part of the diagnostic study and no additional procedure is reported.

Scenario 1 – Atrial Fibrillation Ablation with Pulmonary Vein Isolation

Documentation Notes:

Sometimes documentation for atrial fibrillation cases only briefly describes diagnostic EP measurements, with findings focused on atrial sites – particularly if the patient has presented actively in atrial fibrillation, it may not be possible to obtain diagnostic information prior to ablation. **Code 93656 states that it includes a comprehensive EP evaluation**, "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***."

CPT® Network information notes that "it is usually proper to perform a complete study once a sinus rhythm is obtained after cardioversion or ablation for atrial flutter and fibrillation. This is to ensure that there is not a hidden accessory pathway or another problem. If atrial and ventricular pacing is done before or after the ablation, the code for a complete electrophysiologic study can be reported."

Therefore, measurements recorded following ablation may also serve to document diagnostic EP studies performed. It may be appropriate to discuss with the physician options for documentation improvement, and to confirm the full extent of services performed before assigning codes or assuming a study is reduced.

Scenario 1 – Atrial Fibrillation Ablation with Pulmonary Vein Isolation

Diagnosis	ICD-10-CM Code
Paroxysmal atrial fibrillation	**I48.0**
Long-term (current) use of anticoagulants	**Z79.01**

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Individual payor coverage policy should be confirmed. Coverage and reimbursement may vary between plans.

Patients with atrial fibrillation are often prescribed anticoagulants to reduce risk of stroke, which should be reported as a secondary diagnosis if documented.

Scenario 2 – Atrial Fibrillation Ablation, Extended

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 65 yo M, presents in Afib that was diagnosed 1 year ago. Patient was cardioverted to NSR before mapping. Physician placed catheters and completed transseptal puncture with assistance of ICE. Successful isolation of pulmonary veins occurred during the procedure, using 3-D mapping and ICE. Conducted pacing protocol with isoproterenol and induced Afib. Ablated mitral line to treat paroxysmal afib. Patient converted to NSR during ablation.	**93656**	Comprehensive EPS with pulmonary vein isolation for AFib, includes transseptal access, left atrial pacing & recording, 3-D mapping, and intracardiac echocardiography	17.00	28.01	$949
	92960-59	External cardioversion	2.00	3.19	$108
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	+93657	Ablate additional right or left atrial site for AFib	5.50	9.06	$307
		Totals	**25.48**	**42.70**	**$1,447**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 2 – Atrial Fibrillation Ablation, Extended

Documentation Notes:

- If external cardioversion (92960) is necessary to treat an arrhythmia induced during an EP study, then it is bundled into the primary procedure. However, if a patient presents in native arrhythmia and is cardioverted prior to the EP study, then it may be reported separately with modifier -59. Internal cardioversion (92961) is always bundled, as the CPT defines it as a "(separate procedure)".
- If, subsequent to completion of pulmonary vein isolation, diagnostic maneuvers indicate that there are still remaining triggers for atrial fibrillation, then 93657 for further ablation of these site(s) during the same case is additionally reported.
- Additional sites which may be ablated as focal sources of atrial fibrillation include roofline, mitral isthmus, superior vena cava, or septal aspect of the left atrium. These are distinct from pulmonary vein isolation and would be reported with 93657.

Scenario 2 – Atrial Fibrillation Ablation, Extended

Documentation Notes:

Programmed stimulation with IV drug may or may not be performed with an atrial fibrillation ablation, depending upon clinical indications and the physician's clinical judgment of medical necessity; if it is documented, it may be reported separately. The CPT™ Electrophysiology Procedures/Studies guidelines allow reporting code 93623 with 93653, 93654, and 93656, so modifier -59 should not be necessary. However, the CCI limits use of 93623 with ablation procedures — the key element is timing. The CCI guidelines read:

> "30. CPT code 93623 (programmed stimulation and pacing after intravenous drug infusion) is an add-on code that may be reported per CPT Manual instructions only with CPT codes 93610, 93612,93619, 93620, or 93653-93656. Although CPT code 93623 may be reported for intravenous drug infusion for diagnostic programmed stimulation and pacing, it should not be reported for injections of a drug with stimulation and pacing following an intracardiac catheter ablation procedure (e.g., CPT codes 93650-93657) to confirm adequacy of the ablation. **Confirmation of the adequacy of ablation is included in the intracardiac catheter ablation procedure**."

Therefore, if the isoproterenol study is performed ***prior*** to ablation — as part of confirming / stimulating the arrhythmia — then it is appropriate to report separately. If it is used ***solely after*** ablation, then documentation needs to clearly describe whether this is for additional diagnostic maneuvers; otherwise, confirmation of effectiveness is included with the ablation procedure and it would not be reported separately.

Scenario 3 – Atrial Fibrillation Ablation and Atrial Flutter Ablation

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mrs. Webster, a 63 yo F, presents in NSR for PAF that was diagnosed 6 months ago. Typical flutter was also noted on a previous ECG. Physician placed catheters and completed transseptal puncture with assistance of ICE. Successful isolation of PVIs occurred during the procedure, using 3-D mapping and ICE. Conducted pacing protocol using isoproterenol and induced typical flutter. Ablated CTI line and patient converted to normal sinus rhythm during ablation. Bidirectional block confirmed using pacing maneuvers.	**93656**	Comprehensive EPS with pulmonary vein isolation for AFib, includes transseptal access, left atrial pacing & recording, 3-D mapping, and intracardiac echocardiography	17.00	28.01	$949
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	+93655	Ablate additional discrete arrhythmia focus	5.50	9.06	$307
		Totals	**23.48**	**39.51**	**$1,339**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 3 – Atrial Fibrillation Ablation and Atrial Flutter Ablation

Documentation Notes:

Code 93657 is defined as “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.” Since this code descriptor specifically references the diagnosis of atrial fibrillation, 93657 would not apply to atrial flutter ablation. The more appropriate code would be 93655.

Diagnosis	ICD-10-CM Code
Paroxysmal atrial fibrillation	**I48.0**
Typical atrial flutter	**I48.3**

Scenario 4 – Extended Atrial Fibrillation Ablation and Atrial Flutter Ablation

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 70 yo M, presents in NSR for prior diagnoses of AFib and Aflutter. Physician placed catheters and completed transseptal puncture with assistance of ICE. Successful isolation of pulmonary veins occurred during the procedure, using 3-D mapping and ICE, followed by sucessful ablation of SVC due to sustained Afib. Conducted atrial pacing protocol with isoproterenol and induced typical flutter. Successful completion of CTI lesion set. New finding of tachy-brady syndrome, which will be monitored.	**93656**	Comprehensive EPS with pulmonary vein isolation for AFib, includes transseptal access, left atrial pacing & recording, 3-D mapping, and intracardiac echocardiography	17.00	28.01	$949
	+93657	Ablate additional right or left atrial site for AFib	5.50	9.06	$307
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	+93655	Ablate additional discrete arrhythmia focus	5.50	9.06	$307
		Totals	**28.98**	**48.57**	**$1,646**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 4 – Extended Atrial Fibrillation Ablation and Atrial Flutter Ablation

Documentation Notes:

- Code 93657 is reported only in combination with 93656.
- Code 93655 may be reported in combination with any of the three “primary” ablation services, when two distinctly different arrhythmia mechanisms are treated.
- Codes 93655 and 93657 are not mutually exclusive and may both be reported in conjunction with 93656 when documented.

Scenario 4 – Extended Atrial Fibrillation Ablation and Atrial Flutter Ablation

Diagnosis	ICD-10-CM Code
Paroxysmal atrial fibrillation	**I48.0**
Typical atrial flutter	**I48.3**
Sick sinus syndrome (tachy-brady syndrome)	**I49.5**

Notes: Any additional findings noting during a case (example shown: tachy-brady syndrome documented as a new finding) could be reported additionally. However, this would be dependent upon physician documentation. For example, findings described with terms such as “likely” or “not clinically significant” would not be reported. ICD-10-CM Guidelines instruct not to report diagnoses documented in terms of uncertainty – such as possible, probable, maybe, or rule out -- confirmation with the physician regarding his/her level of certainty is appropriate.

Scenario 5 – Complex Atrial Fibrillation Ablation, Multiple Atrial Ablation

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mrs. Webster, a 68 yo F, presents in AFib for PsAF diagnosed 2 years ago. Physician placed catheters and completed transseptal puncture with assistance of ICE. Successful isolation of PVIs occurred during the procedure, using 3-D mapping and ICE. Successful isolation of posterior wall and additional focal triggers within the left atrium for Afib. Patient converted to left atrial flutter. Successful completion of mitral line lesion set. Patient converts to normal sinus rhythm during ablation. Conducted comprehensive EP study with isoproterenol and induced SVT identified as AVNRT. Ablated slow pathway for AVNRT.	**93656**	Comprehensive EPS with pulmonary vein isolation for AFib, includes transseptal access, left atrial pacing & recording, 3-D mapping, and intracardiac echocardiography	17.00	28.01	$949
	+93657	Ablate additional right or left atrial site for AFib	5.50	9.06	$307
	+93657	Ablate additional right or left atrial site for AFib	5.50	9.06	$307
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	+93655	Ablate additional discrete arrhythmia mechanism	5.50	9.06	$307
	+93655	Ablate additional discrete arrhythmia mechanism	5.50	9.06	$307
		Totals	**39.98**	**66.69**	**$2,260**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction. CPT™ is a registered trademark of the American Medical Association (AMA).

THERMOCOOL® Navigation Catheters are approved for drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter).
The THERMOCOOL SMARTTOUCH® SF Catheter is indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation (AF) and for drug refractory recurrent symptomatic persistent AF (continuous AF > 7 days but < 1 year), refractory or intolerant to at least 1 Class I or III AAD, when used with the CARTO® 3 System.
In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 5 – Complex Atrial Fibrillation Ablation, Multiple Atrial Ablation

Documentation Notes:

- Complex ablation cases sometimes describe multiple additional sites. The CMS Medically Unlikely Edits (MUEs) indicate that either 93655 or 93657 may be reported up to a maximum of 2 units per case.
- It should be noted, however, that “unlikely” is not synonymous with “never”, and exceptions may be submitted for consideration; alternatively, modifier -22 could also be considered for complex cases -- documentation may be required.
- Modifier -GD (Units of service exceeds medically unlikely edit value and represents reasonable and necessary services) has been deleted, effective January 1, 2020.

The THERMOCOOL SMARTTOUCH® SF Catheter is indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation (AF) and for drug refractory recurrent symptomatic persistent AF (continuous AF > 7 days but < 1 year), refractory or intolerant to at least 1 Class I or III AAD, when used with the CARTO® 3 System.

Scenario 5 – Complex Atrial Fibrillation Ablation, Multiple Atrial Ablation

Diagnosis	ICD-10-CM Code
Other persistent atrial fibrillation	**I48.19**
Typical atrial flutter	**I48.3**
Atypical atrial flutter	**I48.4**

Notes: ICD-10-CM has multiple subclassifications for both atrial fibrillation and atrial flutter:

I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.92	Unspecified atrial flutter

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Repeat Atrial Fibrillation Ablation

Questions sometimes arise regarding coding for a repeat atrial fibrillation ablation. There are two possible options.

- The first is to report the repeat ablation with 93656, which is specifically defined for atrial fibrillation. It is appropriate to report 93656 for a second ablation service, as it is not uncommon that some patients will require more than one treatment for AFib. The CPT® section notes state, "Code 93656 is a primary code for reporting treatment of atrial fibrillation by ablation **to achieve complete** pulmonary vein electrical isolation." While this code includes ablation around all four pulmonary veins – which would be done at the first treatment — the intent is the achievement of isolation; the code does not require repeat ablation on all four sites, if one of the pulmonary veins was not fully isolated the first time or has reorganized.
- If documentation indicates that the pulmonary vein isolation is complete / patent from the initial treatment, and the second intervention is specifically limited to other foci, a more conservative approach would be to report 93653 for an EP study with atrial ablation. One would then separately report transseptal access (93462) and intracardiac echocardiography (93662-26), if documented.
- Code 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) is not appropriate, as it may not be reported stand-alone.

Scenario 6 – Atrial Flutter or Tachycardia Ablation, Right Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 40 yo M, presents to the EP lab in NSR with a history of atrial flutter. Conducted comprehensive diagnostic EP study, which resulted in the induction of typical, right-sided flutter. Successful completion of CTI lesion set for atrial flutter. Bidirectional block confirmed. Interrogation and programing of pacemaker performed pre and post EP study. Patient also has documented dilated cardiomyopathy.	**93653**	Comprehensive EPS with atrial ablation, single focus, includes left atrial pacing & recording, 3-D mapping	15.00	24.69	$837
	93286-26	Peri-procedure device evaluation, pacemaker	0.30	0.43	$15
	93286-26	Peri-procedure device evaluation, pacemaker	0.30	0.43	$15
		Totals	**15.6**	**25.55**	**$867**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
CPT™ is a registered trademark of the American Medical Association (AMA).

In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 6 – Atrial Flutter or Tachycardia Ablation, Right Sided

Documentation Notes:

Peri-procedure pacemaker reprogramming noted; when performed both pre-procedure and post-procedure, 93286 may be reported twice. Of note, peri-procedural device evaluation is bundled in CCI with 93654 or 93656, but separately reportable with 93653.

Diagnosis	ICD-10-CM Code
Typical atrial flutter	**I48.3**
Dilated cardiomyopathy (congestive)	**I42.0**
Presence of cardiac pacemaker	**Z95.0**

ICD-10-CM code I42.0 for dilated cardiomyopathy is more specific than options available in ICD-9-CM, in which there did not exist an exact equivalent.

Scenario 7 – Atrial Flutter or Tachycardia Ablation, Left Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 43 yo M, presents to the EP lab in NSR with a history of atrial flutter. Conducted comprehensive EP study including programmed atrial stimulation with isoproterenol. This induced left sided atrial flutter. Catheters were placed and transseptal puncture was performed using ICE. Anterior mitral lesion set was performed, and patient converted to NSR. Bidirectional block was then confirmed.	**93653**	Comprehensive EPS with atrial ablation, single focus, includes left atrial pacing & recording, 3-D mapping	15.00	24.69	$837
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	93462	Transseptal puncture	3.73	6.11	$207
	+93662-26	Intracardiac echocardiography	1.44	2.16	$73
		Totals	**21.15**	**35.40**	**$1,312**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
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Scenario 7 – Atrial Flutter or Tachycardia Ablation, Left Sided

Documentation Notes:

While code 93656 includes in its definition any transseptal catheterization and intracardiac echocardiography, these procedures would be reported additionally with 93653 when performed and documented.

Diagnosis	ICD-10-CM Code
Atypical atrial flutter	**I48.4**

In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 8 – Atrial Tachycardia Ablation, Dual Mechanisms, Right Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 50 yo M, presents to the EP lab in NSR with a history of atrial flutter. Conducted comprehensive diagnostic EP study, which resulted in the induction of typical, right-sided flutter. Successful completion of CTI lesion set performed for atrial flutter, using 3-D mapping. Atrial tachycardia was present following atrial flutter ablation. Atrial tachycardia trigger was successfully ablated.	**93653**	Comprehensive EPS with atrial ablation, single focus, includes left atrial pacing & recording, 3-D mapping	15.00	24.69	$837
	+93655	Ablate additional discrete arrhythmia focus	5.50	9.06	$307
		Totals	**20.50**	**33.75**	**$1,144**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
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In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 8 – Atrial Tachycardia Ablation, Dual Mechanisms, Right Sided

Documentation Notes:

Code 93655 is reported in combination with any of the three “primary” ablation services, when two distinctly different arrhythmia foci are treated. This could represent:

- two different atrial pathways,
- two different ventricular mechanisms,
- one atrial and one ventricular arrhythmia, or
- a distinct arrhythmia in conjunction with paroxysmal atrial fibrillation, such as atrial flutter or other atrial tachycardia.

Diagnosis	ICD-10 CM Code
Typical atrial flutter	**I48.3**
Supraventricular tachycardia (paroxysmal) Atrial (paroxysmal) tachycardia Atrioventricular re-entrant (nodal) tachycardia [AVNRT]	**I47.1**

AV nodal re-entry tachycardia is captured by I47.1 -- which incorporates both paroxysmal and other atrial tachycardias, and specifically references AVNRT. If both mechanisms are atrial tachycardias, the same code may apply to both.

In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 9 – Atrial Ablation, Dual Mechanisms, Right and Left Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 71 yo M, has a previous history of afib with PVI ablation 5 years ago. He has been doing well, but recently presented to the office with documented flutter. Conducted comprehensive, diagnostic EP study with isoproterenol and induced left-sided flutter. Catheters were placed and transseptal puncture was performed using ICE. Anterior mitral lesion set was performed and patient converted to NSR. Bidirectional block was then confirmed. Pulmonary vein isolation was also confirmed. Atrial pacing protocol was performed using isoproterenol and typical right sided flutter was induced. CTI lesion set completed for atrial flutter. Patient converted to NSR and bidirectional block was confirmed.	**93653**	Comprehensive EPS with atrial ablation, single focus, includes left atrial pacing & recording, 3-D mapping	15.00	24.69	$837
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	93462	Transseptal puncture	3.73	6.11	$207
	+93662-26	Intracardiac echocardiography	1.44	2.16	$73
	+93655	Ablate additional discrete arrhythmia focus	5.50	9.06	$307
		Totals	**26.65**	**44.46**	**$1,507**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
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In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 9 – Atrial Ablation, Dual Mechanisms, Right and Left Sided

Diagnosis	ICD-10 CM Code
Atypical atrial flutter	**I48.4**
Typical atrial flutter	**I48.3**

In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.

Scenario 10 – Ventricular Tachycardia Ablation, Right Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mr. Webster, a 65 Yo M presents for PVCs observed during external monitoring. Ultrasound guidance is used for femoral vascular access. Localization of the PVC occurred using 3-D mapping. Ablation at the focal site resulted in elimination of the PVCs.	**93654**	Comprehensive EPS with ventricular ablation, includes 3-D mapping, left atrial and/or ventricular pacing & recording	18.10	29.77	$1,009
		Totals	**18.10**	**29.77**	**$1,009**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
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Scenario 10 – Ventricular Tachycardia Ablation, Right Sided

Documentation Notes:

Although documented as performed, the CCI Policy Manual (excerpt below) states that ultrasound guidance is bundled with all electrophysiology procedures, and was revised January 1, 2019, to include specific reference to 76937.

"21. Many Pacemaker/Implantable Defibrillator procedures (CPT codes 33202-33249) and Intracardiac Electrophysiology procedures (CPT codes 93600-93662) require intravascular placement of catheters into coronary vessels or cardiac chambers under fluoroscopic guidance.... Fluoroscopy codes (e.g., CPT codes 76000, 76001) are not separately reportable with the procedures described by CPT codes 33202- 33249 and 93600-93662. Fluoroscopy codes intended for specific procedures may be reported separately. Additionally, ultrasound guidance is not separately reportable with these HCPCS/CPT codes. **Physicians shall not report CPT codes 76937, 76942, 76998, 93318, or other ultrasound procedural codes if the ultrasound procedure is performed for guidance during one of the procedures described by CPT codes 33202-33249 or 93600-93662."**

Code 93654 includes mapping (93609 or 93613) in its definition, so mapping would also not be reported separately.

In the US, 4mm Catheters (NAVISTAR® Catheter, CELSIUS® Catheter, EZ STEER® Catheter (NAV and Non-NAV)) have a "General Indication" for creation of endocardial lesions in patients 4 years of age and older. This "General Indication" includes treatment of Ventricular Tachycardia.

Scenario 10 – Ventricular Tachycardia Ablation, Right Sided

Diagnosis	ICD-10 CM Code
Ventricular premature depolarization	**I49.3**

Notes: ICD-10-CM uses the terminology “premature depolarization,” which may be referenced in the clinical documentation as “premature contractions,” including abbreviations such as PVC< and includes codes for multiple distinct types.

I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization

In the US, 4mm Catheters (NAVISTAR® Catheter, CELSIUS® Catheter, EZ STEER® Catheter (NAV and Non-NAV)) have a “General Indication” for creation of endocardial lesions in patients 4 years of age and older. This “General Indication” includes treatment of Ventricular Tachycardia.

Scenario 11 – Ventricular Tachycardia Ablation, Left Sided

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mrs. Webster, a 70 yo F, presents in NSR for ablation of ischemic VT due to diagnosed coronary artery disease. Ventricular programmed stimulation is performed with isoproterenol which induces left-sided VT. Catheters were placed and transseptal puncture was performed using ICE. Successful delivery of ablation lesion set within the LV scar area treats the VT.	**93654**	Comprehensive EPS with ventricular ablation, includes 3-D mapping, left atrial and/or ventricular pacing & recording	18.10	29.77	$1,009
	+93623-26	Programmed stimulation using IV drug	0.98	2.44	$83
	93462	Transseptal puncture	3.73	6.11	$207
	+93662-26	Intracardiac echocardiography	1.44	2.16	$73
		Totals	**24.25**	**40.48**	**$1,372**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 11 – Ventricular Tachycardia Ablation, Left Sided

Documentation Notes:

Although mapping (93609 or 93613), left atrial (93621) pacing/recording, and left ventricular pacing/recording (93622) are bundled with 93654, transseptal puncture (93462) and intracardiac ultrasound (93662) may be separately reported, if performed.

Diagnosis	ICD-10 CM Code
Ventricular tachycardia	**I47.2**
Atherosclerotic heart disease of native coronary arteries without angina pectoris	**I25.10**
*Old myocardial infarction (scar)****	***I25.2***

*** While documentation references a left ventricular scar as the tachycardia focus, confirmation or statement of a prior MI in the chart would be required to report I25.2.

Scenario 12 – Ventricular Tachycardia Ablation, Dual Mechanisms

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Mrs. Webster, an 80 yo F, presents in NSR for ablation of ischemic VT due to diagnosed CAD. Comprehensive EP Study is performed with induction of left-sided VT .	**93654**	Comprehensive EPS with ventricular ablation, includes 3-D mapping, left atrial and/or ventricular pacing & recording	18.10	29.77	$1,009
Catheters were placed and transseptal puncture was performed using ICE.	**+93623-26**	Programmed stimulation using IV drug	0.98	2.44	$83
Successful delivery of ablation lesion set within the LV scar area treats the VT.	**93462**	Transseptal puncture	3.73	6.11	$207
Ventricular programmed stim was performed with isoproterenol to induce a 2nd clinical VT.	**+93662-26**	Intracardiac echocardiography	1.44	2.16	$73
Additional ablation performed along the edge of the scar to successfully treat the 2nd VT.	**+93655**	Ablate additional discrete arrhythmia focus	5.50	9.06	$307
		Totals	**29.75**	**49.54**	**$1,679**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 12 – Ventricular Tachycardia Ablation, Dual Mechanisms

Diagnosis	ICD-10 CM Code
Ventricular tachycardia	**I47.2**
Atherosclerotic heart disease of native coronary arteries without angina pectoris	**I25.10**
Old myocardial infarction (scar)	***I25.2***

Documentation states that there are two identified clinical mechanisms of ventricular tachycardia, there is only a single ICD-10-CM code which would be reported for the arrhythmia. As in case scenario 11, confirmation or statement of a prior MI in the chart would be required to report I25.2.

Scenario 13 – EP Study, AV Node Ablation

Vignette	CPT® Code	Description	Work RVUs	Total RVUs	Reimbursement[1]
Physician placed catheters and recorded a His bundle electrogram.	**93600-26**	Bundle of His recording	2.12	3.44	$117
Ablation of the AV node was completed successfully.	**93650**	AV node ablation	10.24	17.20	$583
		Totals	**12.36**	**20.64**	**$700**

Notes: AV node ablation might be performed on a patient in preparation for implantation of a pacemaker or ICD, or otherwise related to improving performance the device.

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 14 – Placement of Left Atrial Appendage Closure Device (LAAC)

Vignette	CPT® Code	Description	Work RVU	Total RVU	Reimburse-ment[1]
Transesophageal echo- cardiography (TEE) guidance for transseptal puncture, LAA imaging, and device placement is performed by an echocardiographer. Transseptal puncture is performed with intracardiac echocardiography guidance and dilated. LAA angiography is performed to assess the anatomy of the LAA, TEE is used to measure the LAA ostium width and length in multiple views. An appropriately sized implant is placed into the left atrial appendage and deployed. Implant release and stability are confirmed by fluoroscopy and independently by the TEE	**+93355**	Transesophageal echocardiogram for guidance of intracardiac structural intervention (when reported by a separate physician)	4.66 (Echo-cardiographer)	6.57	$223
	33340	Percutaneous transcatheter closure of left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological S&I	14.00	22.96	$778
	+93662-26	Intracardiac echocardiography	1.44	2.16	$73
		Totals	**20.10**	**31.69**	**$1,074**

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
+ Add-on code. (List separately in addition to code for primary procedure). All add-on codes are exempt from multiple procedure payment reduction.
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Scenario 14 – Placement of Left Atrial Appendage Closure Device (LAAC)

Notes: Code 33340 is defined to include all components of the case:

- If a TEE is performed at a separate date/session with an independent interpretation and report, either for baseline diagnostic or follow-up care, code 93312-26 may be reported; however, it is bundled with 93355 during the same operative session.
- TEE guidance for intracardiac structural procedures, code 93355, is bundled by Medicare when reported by the same physician who is performing the primary procedure. The CCI edits show that 93355 is bundled with 33340, without any recognized exceptions by reporting with a modifier. It would only be reimbursed if submitted by a separate NPI.
- 33340 is included in the parenthetical list of codes to be reported in conjunction with ICE, so 93662 should be separately reported.

Scenario Summary for Fee For Service (MEDICARE ONLY)

Ablation Procedure		2022 Reimbursement[2]	2023 Reimbursement[2]
AF	#1 - Atrial fibrillation, pulmonary vein isolation	$1,137	$949
	#2 - Atrial fibrillation, extended	$1,666	$1,447
	#3 - Atrial fibrillation + atrial flutter ablation	$1,558	$1,339
	#4 - Atrial fibrillation, extended + atrial flutter	$1,874	$1,646
	#5 - Atrial fibrillation, complex + atrial flutter + SVT	$2,507	$2,260
SVT	#6 - Atrial flutter or tachycardia, right sided	$ 878	$867
	#7 - Atrial flutter or tachycardia, left sided	$1,258	$1,200
	#8 - Atrial tachycardia, dual mechanisms, right	$1,165	$1,144
	#9 - Atrial tachycardia, dual mechanisms, right and left	$1,575	$1,507
VT	#10 - Ventricular tachycardia, right sided	$1,134	$1,009
	#11 - Ventricular tachycardia, left sided	$1,544	$1,372
	#12 - Ventricular tachycardia, dual mechanism	$1,861	$1,679
AV	#13 - EP study w/o induction, AV node ablation	$ 715	$700
LAAC	#14 - Placement of Left Atrial Appendage Closure Device	$1,121	$1,074

[1] CMS-1771-F, published by CMS on11/18/2022, conversion factor revised to $33.8872 on 01/05/23.
[2] CMS-1751-F, published by CMS on11/2/2021, conversion factor revised to $34,6062 on 12/10/2021.

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In the US, Biosense Webster, Inc. THERMOCOOL® Non-Navigational Catheters are indicated for the treatment of Type I Atrial Flutter in patients 18 years of age or older.
THERMOCOOL® Navigation Catheters are indicated for the treatment of recurrent drug/device refractory sustained monomorphic ventricular tachycardia (VT) due to prior myocardial infarction (MI) in adults.
In the US, 4mm Catheters (NAVISTAR® Catheter, CELSIUS® Catheter, EZ STEER® Catheter (NAV and Non-NAV)) have a "General Indication" for creation of endocardial lesions in patients 4 years of age and older. This "General Indication" includes treatment of Ventricular Tachycardia.

Coding and Documentation Improvement

Coding and Documentation Improvement

Accurate coding and reimbursement for physicians and facilities is based upon complete clinical documentation. The best records:

- Capture a concise and specific description of services.
- Implement a standard dictation format to ensure complete data capture.
- Strive for clinical clarity for accurate procedure and diagnosis code selection.
- Ensure *all* records are:
  - Legible, dated, timed, signed, and timely
  - Consistent and without internal contradictory statements
- Recognize the EP lab procedure log as supportive procedure information only. The physician's dictation ultimately determines the ability to assign codes.
- Maintain policy that no changes are made to documentation unless approved by the physician.

Best Practices for Coding and Documentation

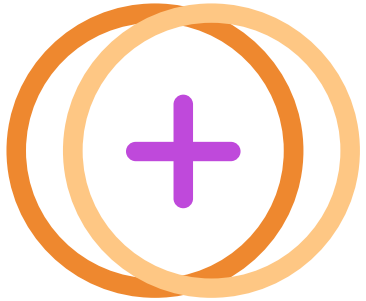
Detailed narrative description within the EP procedure report is essential for correct coding and accurate reimbursement. The best reports:

- State clear clinical indications, including all diagnoses, arrhythmia subtypes, symptoms, prior conservative treatments and therapies. Include type, duration and results.
- Describe procedural approach for accessing the anatomy.
- Identify all pacing and recording sites.
- Document the rationale when less than a comprehensive study is performed.
- Specify sites ablated, including:
  - Ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism
  - Additional linear or focal atrial ablation for treatment of afib remaining following pulmonary vein isolation
- Provide clear identification of techniques used:
  - Energy source(s) used
  - Three-dimensional (3-D) mapping
  - Programmed stimulation with IV drug
  - Transseptal puncture, if performed
  - Ultrasound, including key terms for either transesophageal or intracardiac echo
- Indicate catheters and other items used to assist hospitals in reporting C-codes for device dependent procedures.
- Confirm diagnostic findings and observations.
- Report procedure results.
- Summarize planned follow-up and anticipated outcomes

Importance of Diagnosis Specificity

A number of different “value-based payment” models are being developed in the insurance market:

- Accountable Care Organizations
- Medicare Shared Savings Program
- Medicaid Managed Care
- Medicare Advantage Plans
- Various Commercial Payor Programs



Single shared basis – Provide quality care for a set amount of money

Challenge – What if a patient is sicker than average and so requires more expensive care?

ICD-10 Implementation was not an isolated event – Proposed payment mechanisms require accurate clinical documentation of relevant diagnoses and patient severity to adjust “budget” to account for individual patient variations.

Risk Stratification and Population Health

Accurately capturing **the** acuity of your population and documenting chronic conditions to the highest known level of specificity is key to accurate financial projections for value-based plans. Diagnosis codes are the basis of the **Risk Adjustment Model**.

- Payment calculations or financial projections are higher for less healthy patients and lower for more healthy patients.
- The level of reimbursement and projected benchmarks depend on the severity of the qualifying condition(s).
- Medicare payments and financial projections are based on the diagnoses submitted on claims; it is essential that the coding is accurate and supported by medical record documentation.
- Document – and code – **all conditions** that coexist and affect patient care, treatment or management during the face-to-face encounter where the chronic condition affects medical decision making or the choices of care.

Note: if a patient presents for an acute problem where coexisting conditions ***do not affect*** treatment, those conditions should not be included in the documentation as actively addressed or reported on the claim. However, many systemic conditions will affect treatment choices and patient risks.

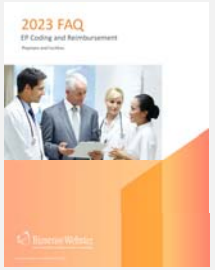
Biosense Webster Resources

Resources to assist you with the reimbursement process

REIMBURSEMENT MATTERS

REIMBURSEMENT IS A KEY COMPONENT OF A SUCCESSFUL EP PROGRAM

Reimbursement and Coding Guide



Coding and Reimbursement Frequently Asked Questions

EP Procedure Documentation Best Practices

CMS Final Rules for EP Related Services

Electrophysiology Coding Checklist

Coding & Reimbursement Webinars

Access to Biosense Webster, Inc. Reimbursement Support Services

Online HCPCS C-Code Finder

SCAN ME

FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT: bwireimbursementsupport@its.jnj.com or 800.362.2048

REIMBURSEMENT RESOURCES ARE AVAILABLE FOR DOWNLOAD AT: https://www.biosensewebsterlogin.com/Reimbursement-Resources/

TO REQUEST COPIES OF TODAY'S PRESENTATION PLEASE CONTACT: bwireimbursementsupport@its.jnj.com

Thank you

Presented by Jennifer Varela
AVANIA, LLC

Thank you for joining this webcast.
FOR ADDITIONAL QUESTIONS OR INFORMATION PLEASE CONTACT BIOSENSE WEBSTER, INC. REIMBURSEMENT SUPPORT SERVICES AT:
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