



# Diagnostic Electrophysiology Studies

By Jackie Miller, RHIA, CPC, PCS

In the May/June coding column we discussed diagnostic electrophysiology (EP) studies of the right heart. This column discusses studies involving the left heart, as well as some related ancillary services.

## Left Heart EP Studies

Sometimes diagnosis of an arrhythmia requires pacing and recording of the left heart. **Left atrial** pacing and recording is reported with code **+93621** [*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; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)*].

**Left ventricular** pacing and recording is reported with code **+93622** [*. . . with left ventricular pacing and recording (List separately in addition to code for primary procedure)*].

Both of these codes can be used in conjunction with **93620** (comprehensive EP study with induction of arrhythmia).

A left atrial study (**93621**) can be performed by puncturing the interatrial septum and passing a catheter from the right atrium into the left atrium. Alternatively, a left atrial study can be performed by placing a catheter into

the coronary sinus, which empties into the right atrium. From the coronary sinus, the catheter is advanced through the coronary veins until it is able to pick up electrical activity in the left atrium.

## Transseptal Puncture

Many EP procedures involve puncture of the interatrial septum to access the left side of the heart. In the past, many providers reported the septal puncture using code **93527** (*Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)*). Currently the Correct Coding Initiative (CCI) edits bundle **93527** into many EP procedures, including comprehensive EP study and ablation. The edits can be over-ridden with a modifier.

The CMS National Correct Coding Policy Manual states that cardiac catheterization codes should not be used for placement of catheters during EP procedures. A cardiac catheterization can be coded "if it is a medically reasonable, necessary, and distinct service performed at the same or different patient encounter." However, most patients undergoing transseptal EP procedures do not have a covered diagnosis for a diagnostic transseptal cardiac catheterization.

In summary, code **93527** should not be reported except in the unusual situ-

ation when a separate diagnostic cardiac catheterization is medically necessary **and** a complete interpretation is documented, equivalent to the report for a stand-alone heart cath.

## Intracardiac Echocardiography

Intracardiac echocardiography (ICE) is an ultrasound examination of the interior of the heart using a transducer catheter positioned in the heart chambers. ICE is frequently used during transseptal puncture and ablation procedures. It is reported with code **+93662** [*Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)*]. Code **93662** can be used in conjunction with left heart studies (**93621-93622**), focal ablation procedures (**93651-93652**), and others.

## Mapping

Mapping is the use of electrode catheters and software to pinpoint the areas where arrhythmias are occurring.

**Point-to-point mapping** involves moving the catheter around inside the heart to gather data. It is reported with code **+93609** [*Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachy-*

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*cardia (List separately in addition to code for primary procedure)].*

**3D mapping** uses a catheter with multiple electrodes to collect data from multiple sites simultaneously, with creation of a three-dimensional display. Newer navigation systems also allow integration of the electrical data with a CT dataset, a process called electroanatomic mapping. 3D mapping is reported with code **+93613** [*Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)*].

Although code **93609** requires modifier 26 for professional component

billing, code **93613** does not.

The mapping codes can be reported in conjunction with a comprehensive EP study (**93620**) or focal ablation (**93651-93652**). The two mapping codes cannot be reported together. If 3D mapping is performed, report only code **93613**.

### **Intravenous Drug Infusion**

An IV drug infusion (procainamide, isoproterenol, etc.) may be administered during a diagnostic EP study to induce or suppress an arrhythmia. This service is reported with code **+93623** [*Programmed stimulation and pacing after*

*intravenous drug infusion (List separately in addition to code for primary procedure)]*.

Note that code **93623** represents a diagnostic procedure (“programmed stimulation and pacing after intravenous drug infusion”) rather than simply the drug administration itself.

Code **93623** can be reported in conjunction with comprehensive EP studies (**93619-93620**). Modifier 26 is required for professional component billing. ▲

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