

# Quick Reference

2010 Coding and Payment

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GuidePoint

Simplifying Reimbursement

Electrophysiology

Updated: January 2010

## Medicare Hospital Inpatient<sup>1</sup>

2010 National Medicare Inpatient Payment Rates for October 1, 2009 – September 30, 2010		
MS-DRG	Procedure	National Avg. MS-DRG Reimbursement**
250	Percutaneous cardiovascular procedures without coronary artery stent with Major Complications/Comorbidities	\$16,865
251	Percutaneous cardiovascular procedures without coronary artery stent without Major Complications/Comorbidities	\$10,075
Weighted Average EP Percent Change (FY 2009 – FY 2010)		\$12,511

\*\* 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.

<sup>1</sup>2010 Inpatient Payment Prospective, updated August 27th 2009. Source: <http://edocket.access.gpo.gov/2009/pdf/E9-18663.pdf>

## Medicare Hospital Outpatient<sup>2</sup>

2010 National Medicare Outpatient Payment Rates for January 1, 2010 – December 31, 2010			
APC	Procedure	Procedure Description (where applicable)	National Avg. APC Reimbursement**
8000 <sup>A</sup>	Cardiac Electrophysiologic Evaluation and Ablation Composite	combined ablation and comprehensive EP study with or without induction	\$9,981
0084	Level I EP Procedures	EP study components	\$719
0085	Level II EP Procedures	comprehensive EP study OR AV node ablation only	\$3,483
0086	Level III EP Procedures	SVT or VT ablation only	\$7,115

\* The percent changes shown are national payments and will vary for individual hospitals.

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

<sup>A</sup> Composite APC for EP Evaluation & Ablation performed on the same day. APCs 84-86 apply when services rendered do not qualify for APC 8000 (e.g., evaluation and ablation performed on different dates).

<sup>2</sup> 2010 Outpatient Payment Prospective, updated November 20th 2009. Source: <http://edocket.access.gpo.gov/2009/pdf/E9-26499.pdf>

## Medicare C-Codes for Outpatient Procedures

Effective on January 1, 2004, Medicare reinstated 95 pass-through codes. These C-codes, which only apply to Medicare outpatient claims, will not trigger additional payment. They have been reinstated to help Medicare establish future rates.

C-Codes for Outpatient EP Procedures		
Boston Scientific Products	Description	C- Code
Perivac™	Catheter, drainage	C1729
AFocus™ 5F, AFocus 7F (with 19 or fewer electrodes), Explorer ST™, Explorer 360™, Explorer 360 Jr.™, Inquiry® Quadripolar, Inquiry Decapolar, Inquiry Octopolar, Inquiry Luma-Cath™, Inquiry HIS™, Polaris Dx™, Steerocath Dx™	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	C1730
AFocus 7F (with 20 or more electrodes), Blazer® Dx-20 Catheter and Cable, Inquiry® H-Curve, Ten-Ten™ Duodecapolar	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	C1731
Constellation®	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	C1732
Blazer Prime™ HTD, Blazer Prime™ XP, Blazer® II HTD, Blazer II XP, Blazer II, Steerocath-T™	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	C1733
Ultra ICE™	Catheter, intracardiac echocardiography	C1759
Convoy®	Introducer/sheath, guiding, intracardiac electrophysiological, fixed curve, other than peel-away	C1893
Chilli™	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	C2630

See next page for important information about the uses and limitations for this document.

## Medicare Physician Payment<sup>3</sup>

### 2010 National Medicare Physician Payment Rates for January 1, 2010- December 31, 2010

CPT® Code	Modifier	Procedure	National Avg. Reimbursement
92960		Cardioversion, elective, electrical conversion of arrhythmia; external	\$132
92961		Cardioversion, elective, electrical conversion of arrhythmia; internal	\$259
93600	26	Bundle of His Recording	\$115
93602	26	Intra-Atrial Recording	\$115
93603	26	Right-Ventricular Recording	\$116
+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)	\$272
93610	26	Intra-Atrial Pacing	\$164
93612	26	Intra-Ventricular Pacing	\$164
+93613		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$382
93615	26	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	\$53
93616	26	;with pacing	\$69
93618	26	Induction of arrhythmia by electrical pacing	\$253
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	\$402**
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	\$634**
+93621	26	With left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	\$115
+93622	26	With left ventricular pacing and recording (List separately in addition to code for primary procedure)	\$168
+93623	26	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$156
93624	26	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$265**
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$582**
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	\$886**
93652		Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	\$964**
93660	26	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood monitoring, with or without pharmacological intervention	\$102
+93662	26	Intracardiac echocardiography during therapeutic/ diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$153

<sup>3</sup> "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010." *Federal Register* 74 (25 November 2009): 61737-62206.

Print: <http://edocket.access.gpo.gov/2009/pdf/E9-26502.pdf>

Department of Health and Human Services. Centers for Medicare and Medicaid Services. MLN Matters® Number: MM6796. <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6796.pdf>

Note: National average Medicare physician payment rates calculated using a 2010 conversion factor of \$36.0846.

Rates subject to change and do not reflect a Sustainable Growth Rate reduction.

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

\*\* Multiple procedures discount may apply.

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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.

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