

## 2008 Bard Electrophysiology Reimbursement Guidelines

This guide has been developed to assist you in obtaining physician payment and hospital reimbursement for electrophysiology procedures. These procedures may be a covered service if they meet all of the requirements established by Medicare and private payers. It is essential that each claim be coded properly and supported with adequate documentation in the medical record.

### PHYSICIAN SERVICES

Current Procedure Terminology (CPT) Codes are accepted by most payers. The following codes have been established by the AMA and are included in the 2008 CPT Manual. A few of the possible CPT® codes for describing these services are listed below:

<b>Image Acquisition Procedures (Performed by Radiologist)</b>		
<b>CPT® Code</b>	<b>Description<sup>1</sup></b>	<b>2008 Physician Payment<sup>i</sup> (National Unadjusted)</b>
75557-26	Cardiac magnetic resonance imaging for morphology and function without contrast material;	\$129
75558-26	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification	\$126
75559-26	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	\$164
75560-26	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress	\$145
75561-26	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	\$142
75562-26	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification	\$138
75563-26	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	\$171
75564-26	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress	162
71275-26	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	\$102
71550-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), without contrast material(s)	\$77
71551-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), with contrast material(s)	\$91
71552-26	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy), without contrast material(s), followed by contrast material(s) and further sequences	\$119

<b>Intracardiac Electrophysiological Procedures (Performed by Electrophysiologist)</b>		
<b>CPT® Code</b>	<b>Description<sup>1</sup></b>	<b>2008 Physician Payment<sup>i</sup> (National Unadjusted)</b>
93600-26	Bundle of His recording	\$123
93602-26	Intra-atrial recording	\$123
93603-26	Right ventricular recording	\$123
93609-26*	Intra-ventricular 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)	\$290
93610-26	Intra-atrial pacing	\$174
93612-26	Intraventricular pacing	\$174
93613-26*	Intracardiac electrophysiologic three dimensional mapping	\$407
93618-26	Induction of arrhythmia by electrical pacing	\$248
93619-26	Comprehensive electrophysiologic evaluation without induction or attempted induction of arrhythmia	\$432
93620-26	...with induction or attempted induction of arrhythmia	\$679
93621-26	...with left atrial recording, with or without pacing	\$122
93622-26*	...with left ventricular pacing and recording	\$179
93623-26*	Programmed stimulation and pacing after intravenous drug infusion	\$166
93624-26	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$286
93650-26	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block ...	\$621
93651-26	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation ... or other atrial foci, singly or in combination	\$944

**FACILITY PAYMENT**

<b>Radiology Outpatient Services: Possible APCs, Status Indicator</b>			
<b>APC</b>	<b>Category Description</b>	<b>Status Indicator</b>	<b>2008 Average Payment Amount<sup>ii</sup></b>
282	Miscellaneous Computerized Axial Tomography	S	\$101
283	Miscellaneous Computerized Axial Tomography with Contrast Material	S	\$277
284	MRI, MRA with contrast	S	\$397
332	Computerized Axial Tomography and Computerized Angiography without Contrast	S	\$192
333	Computerized Axial Tomography and Computerized Angiography without Contrast followed by Contrast	S	\$325
335	MRI, miscellaneous	S	\$311
336	MRI, MRA without contrast	S	\$343

<b>Electrophysiology Outpatient Services: Possible APCs, Status Indicator, and National Average Payment</b>			
<b>APC</b>	<b>Category Description</b>	<b>Status Indicator</b>	<b>2008 Average Payment Amount<sup>ii</sup></b>
0084	Cardiac electrophysiology recording/mapping (CPT Codes 93600 – 93618)	T	\$610
0085	Level II comprehensive electrophysiology procedures (CPT Codes 93619 – 93622)	T	\$3,012
0086	Ablate heart dysrhythm focus (CPT Codes 93600 – 93618)	T	\$5,914

<b>Electrophysiology Inpatient Services</b>			
<b>MS-DRG</b>	<b>Description</b>		<b>2008 Estimated Hospital Reimbursement<sup>iii</sup></b>
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent with MCC or 4+ Vessels/Stents		\$12,169
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent or Acute Myocardial Infarction with MCC		\$8,553
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent or Acute Myocardial Infarction without MCC		\$12,320

\* Add-on codes - List separately in addition to primary procedure code.

1 Please refer to the CPT-4 Manual for a complete description of these codes. National average Medicare reimbursement.

i 42 CFR Parts 409, 410, 411, 413, 414, 415, 418, 423, 424, 482, 484, and 485 [CMS-1385-FC], RIN 0938-AO65

ii 42 CFR Parts 410, 411, 412, 413, 414, 416, 419, 482, and 485, [CMS-1392-FC], [CMS-1533-F2], and [CMS-1531-IFC2], RIN 0938-AO71, RIN 0938-AO70, and RIN 0938-AO35;

iii 42 CFR Parts 411, 412, 413, and 489, [CMS-1533-FC], RIN 0938-AO70; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Vol. 72, No. 214 / 42 CFR Parts 411, 412, 413, and 489, [CMS-1533-CN3], RIN 0938-AO70

**Disclaimer – The information contained in this guide 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 provided for information purposes only and represents no statement, promise or guarantee by C. R. Bard, Inc. or its affiliates concerning levels of reimbursement, payment or charge. Similarly, all CPT® codes are supplied for information purposes only and represent no statement, promise or guarantee by C. R. Bard, Inc. or its affiliates that these codes will be appropriate or that reimbursement will be made.**