CATHETER ABLATION REIMBURSEMENT GUIDE

Updated October 1, 2015

Medtronic CryoCath Cardiac CryoAblation Catheter System

Indications

Refer to the device technical manual for detailed information regarding the procedures, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic, 1 (800) 328-2518 or visit the Medtronic website at www.medtronic.com.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

References

4. Current Procedural Terminology (CPT®) 2014 American Medical Association. All Rights Reserved. For fee schedules, basic units, relative causes or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use. Use of Freezor Cryoablation Catheter, CryoConsole and Freezor MAX Cryoablation Catheter is contraindicated in patients with the following conditions:

Potential Complications

Potential complications/adverse events that may be associated with cardiac catheterization and ablation listed alphabetically below include but are not limited to: arrhythmia; atrial flutter; atrial fibrillation; back pain; bleeding from puncture sites; blurred vision; bradycardia; bronchial constriction; bronchitis, bronchioitis, asthma; cardiomyopathy; cerebral vascular accident; chest discomfort/pressure; chest pain; chest discomfort/pain/pressure; cold feeling; cough; death; chilblain; dizziness; esophageal damage; esophageal fistula; fatigue; fever; gastroenteritis; headache; hemorrhage; hypotension; hypothermia; light-headedness; myocardial infection; myocardial infarction; neuritis; nerve injury; pericardial effusion; pulmonary vein stenosis; shivering; shortness of breath; skin rash; skin reaction; transcatheter vascular access; urinary infection; vasovagal reaction; visual changes. Refer to the device technical manual for detailed information regarding the procedures, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic, 1 (800) 537-2181 and/or consult Medtronic’s website at www.medtronic.com.
### TABLE OF CONTENTS

- **Ablation Catheters** ........................................................................... 3
- **CryoAblation Catheters** ................................................................. 4
  - Arctic Front™, Arctic Front Advance™, Arctic Front™, Arctic Front Advance™ ST Cardiac CryoAblation Catheter, Freezor™ Cardiac CryoAblation Catheter, Freezor™ MAX Cardiac CryoAblation Catheter
  - Conventional Radiofrequency (RF) Ablation Catheters
    - Marin™ Conventional Radiofrequency (RF) Ablation Catheter, RF Conductr™ MC Conventional Radiofrequency (RF) Ablation Catheter, and RF Contactr™ Conventional Radiofrequency (RF) Ablation Catheter

- **Coverage for Catheter Ablation Procedures** .................................. 4
- **Physician Services Coding** ............................................................. 4
- **Inpatient Hospital Coding** .............................................................. 6
  - ICD-9-CM® crosswalk to ICD-10-PCS® Procedure Codes
  - Medicare Severity Diagnosis Related Group (MS-DRG) Assignments

- **Outpatient Hospital Coding** ........................................................... 6
  - Comprehensive Ambulatory Payment Classification (C-APCs)
  - Medicare Hospital Outpatient Catheter Ablation C-Code Listing

- **Diagnosis Coding** ........................................................................ 7
  - ICD-9-CM® crosswalk to ICD-10-CM® Diagnosis Codes

- **ABSTRACTION**

  For questions or for more information, please contact Medtronic at 1 (866) 877-4102.

  The coding suggestions and coding guidelines in this guide do not replace seeking coding advice from the payer and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other third-party payers as to the correct form of billing or the amount that will be paid to providers of service.

  Where reimbursement is requested for the use of a product that may be inconsistent or not expressly specified in the FDA cleared or approved labeling (e.g., instructions for use, operator’s manual, or package insert), consult with your billing advisors or for advice on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services.

- **Diagnosis Coding** ........................................................................ 7
  - ICD-9-CM® crosswalk to ICD-10-CM® Diagnosis Codes

- **Ablation Catheters**

  - Arctic Front™, Arctic Front Advance™, and Arctic Front Advance™ ST Cardiac CryoAblation Catheters

  - **Catheter**
    - Arctic Front™, Arctic Front Advance™, and Arctic Front Advance™ ST Cardiac CryoAblation Catheters

    - **Indication**
      - Treatment of drug refractory recurrent symptomatic Paroxysmal Atrial Fibrillation (PAF)

    - **Catheter**
      - Freezor™ Cardiac CryoAblation Catheters

    - **Indication and Use**
      - Treatment of Atrioventricular Nodal Re-entry Tachycardia (AVNRT).

    - **Catheter**
      - RF Marin™ MC Multi-Curve Steerable Ablation Catheter

    - **Indication**
      - RF catheters are indicated for use with the Medtronic RF generator to deliver RF energy for intracardiac ablation of accessory atrioventricular (AV) conduction pathways associated with tachycardia for the treatment of AV nodal re-entrant tachycardia (AVNRT) and for creation of complete AV block in patients with a difficult to control ventricular response to an atrial arrhythmia.

    - **Catheter**
      - RF Marin™ SC Single-Curve Steerable Ablation Catheter

    - **Indication**
      - Conventional RF Ablation Catheters are used in conjunction with a Medtronic RF power generator to produce therapeutic, heat-based energy at a targeted area of cardiac tissue. RF energy, delivered via the catheter, destroys tissue integral to the onset and maintenance of most atrial tachyarrhythmias.

    - **Catheter**
      - RF Contactr™ MC Multi-Curve Bidirectional Ablation Catheter

    - **Indication**
      - Conventional RF Ablation Catheters are used in conjunction with a Medtronic RF power generator to produce therapeutic, heat-based energy at a targeted area of cardiac tissue. RF energy, delivered via the catheter, destroys tissue integral to the onset and maintenance of most atrial tachyarrhythmias.

    - **Catheter**
      - RF Enhancer™ II Single-Curve Ablation Catheter

    - **Indication**
      - Conventional RF Ablation Catheters are used in conjunction with a Medtronic RF power generator to produce therapeutic, heat-based energy at a targeted area of cardiac tissue. RF energy, delivered via the catheter, destroys tissue integral to the onset and maintenance of most atrial tachyarrhythmias.

### Table of Contents

- **Ablation Catheters** .......................... 3
- **CryoAblation Catheters** .............. 4
  - Arctic Front™, Arctic Front Advance™, Arctic Front™, Arctic Front Advance™ ST Cardiac CryoAblation Catheter, Freezor™ Cardiac CryoAblation Catheter, Freezor™ MAX Cardiac CryoAblation Catheter
- **Conventional Radiofrequency (RF) Ablation Catheters** ...... 4
  - Marin™ Conventional Radiofrequency (RF) Ablation Catheter, RF Conductr™ MC Conventional Radiofrequency (RF) Ablation Catheter, and RF Contactr™ Conventional Radiofrequency (RF) Ablation Catheter
- **Coverage for Catheter Ablation Procedures** .......... 4
- **Physician Services Coding** .... 4
- **Inpatient Hospital Coding** ...... 6
- **Outpatient Hospital Coding** .... 6
- **Diagnosis Coding** ........ 7

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Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to add-on codes +93655 and +93657 may be applicable when intracardiac catheter ablation of a discrete arrhythmia is performed after the treatment of the primary ablated mechanism.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>+93655</td>
<td>Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (Use 93655 in conjunction with 93653-4, 93656)</td>
</tr>
<tr>
<td>+93657</td>
<td>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 (Use 93657 in conjunction with 93650)</td>
</tr>
<tr>
<td>+93642</td>
<td>Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (Use 93462 in conjunction with 93452-3, 93458-9, 93461, 93582, 93653-4) (Do not report 93462 in conjunction with 93656)</td>
</tr>
</tbody>
</table>

When reporting ablation therapy codes (93653 – 93657), comprehensive EP studies may not be separately reported.

### Diagnostic Electrophysiologic Study (EPS):

Coding information to be used when a physician performs a diagnostic Electrophysiologic Study (EPS) prior to a catheter ablation.

**CPT** Code | **CPT** Code Description
--- | ---
93619 | 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 (Do not report 93619 in conjunction with 93600, 93602-3, 93610, 93612, 93618, 93620-2, 93653-7)
93620 | 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 (Do not report 93620 in conjunction with 93600, 93602-3, 93610, 93612, 93618-9, 93653-7) (Do not report 93621 in conjunction with 93656)
93621 | ...with left atrial pacing and recording from coronary sinus or left atrium (Use 93621 in conjunction with 93653-4) (Do not report 93621 in conjunction with 93656)
93622 | ...with left ventricular pacing and recording (Use 93622 in conjunction with 93600, 93653-6) (Do not report 93622 in conjunction with 93654)
93623 | Programmed stimulation and pacing after intravenous drug infusion (Use 93623 in conjunction with 93610, 93612, 93619-20, 93653-4, 93656) (Do not report 93623 in conjunction with 93654)
93662 | Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (Use 93662 in conjunction with 92987, 93453, 93460-2, 93532, 93580-1, 93620-2, 93653-4, 93656 as appropriate)
93664 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia. Mapping is considered a distinct procedure performed in addition to a diagnostic EP study or ablation procedure.
93609 | Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (Use 93609 in conjunction with 93620, 93653, 93656) (Do not report 93609 in conjunction with 93613, 93654)
93613 | Intracardiac electrophysiologic 3-dimensional mapping (Use 93613 in conjunction with 93620, 93653, 93656) (Do not report 93613 in conjunction with 93609, 93654)

The ablation procedure codes 93653, 93654 and 93656 are distinct primary procedure codes and may not be reported together.
INPATIENT HOSPITAL CODING

ICD-9-CM crosswalk to ICD-10-PCS Procedure Codes for discharges after September 30, 2015

Please note that there is not always a direct crosswalk from ICD-9-CM to ICD-10-PCS. It is up to the provider to select the appropriate code(s) to represent the procedure(s) performed.

The following list is not all-inclusive.

<table>
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<tbody>
<tr>
<td>37.26</td>
<td>Catheter based invasive electrophysiology testing</td>
<td>4A032FFZ</td>
<td>Measurement of Cardiac Rhythm, Percutaneous Approach</td>
</tr>
<tr>
<td>37.27</td>
<td>Cardiac mapping</td>
<td>025800Z7</td>
<td>Destruction of Conduction Mechanism, Open Approach</td>
</tr>
<tr>
<td>37.34</td>
<td>Excision or destruction of other lesion or tissue of heart and/or intracardiac approach</td>
<td>025823ZZ</td>
<td>Destruction of Conduction Mechanism, Percutaneous Approach</td>
</tr>
</tbody>
</table>

*AHA Coding Clinic for ICD-10-PCS, Volume 1 Number 4, Fourth Quarter 2014.

Possible DRG Assignments (MS-DRG: Medicare Severity Diagnosis Related Group)

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Brief MS-DRG Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>273</td>
<td>Percutaneous intracardiac procedures w/MCC</td>
</tr>
<tr>
<td>274</td>
<td>Percutaneous intracardiac procedures w/o MCC</td>
</tr>
</tbody>
</table>

MCC: Major complication or comorbidity

OUTPATIENT HOSPITAL CODING

Comprehensive Ambulatory Payment Classifications (C-APCs):

<table>
<thead>
<tr>
<th>C-APC Code</th>
<th>Brief Description</th>
<th>C-APC</th>
<th>C-APC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93619</td>
<td>Electrophysiology evaluation</td>
<td>0085</td>
<td>Level II Electrophysiologic Procedures</td>
</tr>
<tr>
<td>93620</td>
<td>Electrophysiology evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93624</td>
<td>EP follow-up study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93650</td>
<td>Atrial ablation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93653</td>
<td>VT ablation and EP eval</td>
<td>0086</td>
<td>Level III Electrophysiologic Procedures</td>
</tr>
<tr>
<td>93654</td>
<td>VT ablation and EP eval</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following codes are not assigned to an APC as they are ancillary to the primary procedures. Medicare classifies the following codes with an ‘N’ Status Indicator and does not separately reimburse hospitals for these procedures. Hospitals should report all applicable codes, including those for packaged services, according to correct coding principles.

-93662 Transseptal puncture (Use 93642 in conjunction with 93452-3, 93458-61, 93461, 93582-4) (Do not report 93642 in conjunction with 93458-61)
-93669 Intraoperative and/or intra-atrial mapping (Use 93609 in conjunction with 93610, 93635, 93651, 93656) (Do not report 93609 in conjunction with 93611, 93654)
-93613 Intracardiac 3-dimensional mapping (Use 93613 in conjunction with 93620, 93635, 93656) (Do not report 93613 in conjunction with 93609, 93654)
-93621 Comprehensive EP evaluation with left atrial pacing and recording from coronary sinus or left atrium (Use 93621 in conjunction with 93620, 93635-4) (Do not report 93621 in conjunction with 93656)
-93622 Comprehensive EP evaluation with left ventricular pacing and recording (Use 93622 in conjunction with 93620, 93635, 93656) (Do not report 93622 in conjunction with 93654)
-93623 Programmed stimulation and pacing after intravenous drug infusion (Use 93623 in conjunction with 93610, 93612, 93619-20, 93655-4, 93656)
-93655 Additional ablation of discrete arrhythmia, VT or VT (Use 93655 in conjunction with 93635-4, 93656)
-93657 Additional/linear focalization for AF (Use 93657 in conjunction with 93656)
-93662 Intracardiac echocardiography (Use 93662 in conjunction with 93887, 93453, 93460-2, 93532, 93580-1, 93620-2, 93635-4, 93656 as appropriate) (Do not report 92961 in addition to 93662)

MEDICARE OUTPATIENT CATHETERABLATION CODE LISTING

For CY 2015, Medicare requires that only a single appropriate device code is submitted on the claim for the procedure.

C1733 – Catheter, Electrophysiology, Diagnosis/Ablation, Other than 3D or Vector Mapping, Other than Cool Tip

C1736 – Intro introducer, Guiding, Intracardiac Electrophysiologic, Steerable, Other than Peel-Away

DIAGNOSIS CODES

ICD-9-CM crosswalk to ICD-10-CM Diagnosis Codes for discharges after September 30, 2015

Please note that there is not always a direct crosswalk from ICD-9-CM to ICD-10-CM. It is up to the provider to select the most appropriate diagnosis code(s).

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<tbody>
<tr>
<td>427.11</td>
<td>Atrial fibrillation</td>
<td>480.0</td>
<td>Paroxysmal atrial fibrillation</td>
</tr>
<tr>
<td>427.31</td>
<td>Atrial flutter</td>
<td>480.3</td>
<td>Typical atrial flutter (type II)</td>
</tr>
<tr>
<td>427.32</td>
<td>Atrial flutter</td>
<td>480.4</td>
<td>Atrial flutter (type II)</td>
</tr>
<tr>
<td>427.0</td>
<td>Paroxysmal supraventricular tachycardia</td>
<td>487.1</td>
<td>Supraventricular tachycardia (includes AVNRT)</td>
</tr>
</tbody>
</table>