Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Cardiology: 3 Tips Boost Your EP Coding Skills

Tip: 5 components are necessary to report a comprehensive EP study.

If you find intracardiac electrophysiologic (EP) coding confusing, you're not alone.

EP coding is a very complex type of cardiology coding, according to **Carol Hodge, CPC, CDEO, CCC, CEMC**, certified medical coder at St. Joseph's Cardiology in Savannah, Georgia. You must read the procedure note very carefully to determine where the cardiologist placed electrical catheters within the heart to assess for arrhythmias and whether the cardiologist performed an ablation.

Read on to make sure you always submit clean EP study claims in your practice.

Tip 1: First, Define EP Studies for Clarity

"Intracardiac electrophysiological studies (EPS) are invasive diagnostic procedures performed to examine the heart's electrical function and identify problems such as an abnormal heartbeat or heart rhythms," according to CPT® Assistant Vol. 24, No. 4.

Cardiologists perform EP studies for a variety of reasons, per CPT® Assistant. They are as follows:

- Pinpointing if the patient will be at risk for certain heart events
- Assessing a medicine's effectiveness and helping the cardiologist choose the appropriate therapy for the patient
- Figuring out whether the patient may need a pacemaker or other implantable cardioverter-defibrillator

Tip 2: Report 93619 and 93620 for Comprehensive EP Studies

You have two code choices when the cardiologist performs a comprehensive EP study. They are as follows:

- 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).
- 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). Important: If the cardiologist makes any attempt at induction (successful or not), then you should report 93620.

You must review the medical documentation carefully to determine if the physician induced or attempted to induce an arrhythmia, according to Hodge.

Important: If the cardiologist makes no attempt at inducing the arrhythmia, you should report 93619. "Code 93619 describes only evaluation of the sinus node, atrioventricular node, and His-Purkinje conduction system, without arrhythmia induction," per the CPT® guidelines.

If the cardiologist performs a comprehensive EP study, he inserts multiple electrode catheters in the patient's high right atrium, His bundle region, and right ventricle. The cardiologist must perform the following five components to report a comprehensive EP study, according to **Cynthia A. Swanson, RN, CPC, CEMC, CHC, CPMA**, senior manager of healthcare consulting for Seim Johnson in Omaha, Nebraska:

1. Right atrial recording

2. Right atrial pacing
3. Right ventricular pacing
4. Right ventricular recording
5. Bundle of His recording

Important: If the medical record documentation is not reflective of these five elements in the procedure/operative report, the study is not considered comprehensive, and, instead, coders should report each component individually based on the specific procedure(s) performed and documented, Swanson explains.

A common mistake for coders is to code a comprehensive EP study when one or more of these components are missing, reiterates **Theresa Dix, CCS-P, CPMA, CCC, ICDCT-CM**, a coder and auditor from Knoxville, Tennessee.

"It is good to have a checklist to go by until you become familiar with the requirements and codes," Dix adds.

Tip 3: Putting it All Together With an Example

The cardiologist inserts multiple catheter electrodes into the patient using fluoroscopic guidance. The physician passes the catheter electrodes from the femoral veins into the right atrium, His bundle, and right ventricle. He connects the catheters to an electrical pacing device, which can transmit electrical impulses to the atrium and ventricle. The electrodes at the tip of the catheter record the heart's electrical activity in the right atrium, ventricle, and His bundle. The cardiologist did not induce or attempt to induce an arrhythmia.

Since the cardiologist performed a comprehensive EP study, but he did not induce or attempt to induce a state of arrhythmia, you would report 93619.