

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: How Should You Report Echo With Ablation?

**Question:** I am researching the use of 93312 before an EP AFib ablation to rule out a clot prior to the procedure. I keep seeing +93662 for an echo with ablation, but it doesn't describe the echo in my case. Which code is correct?

**Answer:** For a transesophageal echo (TEE) to rule out a clot prior to an ablation, the most appropriate code would be 93312-26 (Echocardiography, transesophageal, real-time with image documentation [2D] [with or without M-mode recording]; including probe placement, image acquisition, interpretation and report; Professional component), but you need to keep a few key considerations in mind.

You mention checking for clots, so if the cardiologist doesn't perform a complete evaluation of cardiac structures, then you should consider appending modifier 52 (Reduced services).

You also must consider that CPT® guidelines state that to code for an echo, the report must include "an interpretation of all obtained information, documentation of all clinically relevant findings including quantitative measurements obtained, plus a description of any recognized abnormalities. Pertinent images, videotape, and/or digital data are archived for permanent storage and are available for subsequent review."

If the code for the ablation is 93653 (Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording [when necessary], and His bundle recording [when necessary] with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry), you won't have to override an edit to report the evaluation/ablation code with 93312. There is no Correct Coding Initiative edit bundling the two codes.

**Final note:** You're right that a TEE represented by 93312 is quite different from the intracardiac echo (ICE) described by +93662 (Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation [List separately in addition to code for primary procedure]). To perform a TEE, the provider places the probe down the patient's esophagus to image the heart. For catheter-based ICE, the cardiologist inserts a catheter through a puncture into a blood vessel near the groin and maneuvers the catheter into the heart for the ultrasound.