

Policy Name:	Medical Policy: Electrophysiology (EP) Testing	Policy #:	MP-260
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (08/08/2023), Lori Slaughter (08/04/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

Health Alliance uses InterQual criteria to determine the medical necessity of Electrophysiology (EP) Testing. The InterQual criteria are available in the Utilization Management software system and can be accessed by providers when submitting an authorization digitally.

Medicare Advantage Criteria details:

- [NCD - Diagnostic Endocardial Electrical Stimulation \(Pacing\) \(20.12\) \(cms.gov\)](#)
- No LCDs/LCAs were found.
- [MCD Search \(cms.gov\)](#)

Codes

*Codes listed are for informational purposes and do not necessarily indicate that prior authorization is or is not required or coverage is guaranteed.

93600	Bundle of His recording
93602	Intra-atrial recording
93603	Right ventricular recording
93609	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)
93610	Intra-atrial pacing

93612	Intraventricular pacing
93613	Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure)
93618	Induction of arrhythmia by electrical pacing
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
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

History

Created Date:	08/26/09		
Effective Date:	08/26/09		
Next Review Date:	08/08/2024		
Revision Date:	05/12/11 – MDC	04/11/12 – MDC	05/14/13 – MDC
	04/25/14 – MDC	03/11/15	06/08/16
	08/09/17 – MDC		
	07/03/18 – MDC-Reviewed with no changes.		
	08/21/18 – MDC-Approved InterQual 2018 revisions.		
	07/16/19 – MDC-Annual review, no change.		
	07/22/20 – MDC-Annual review, Clear Coverage language updated to Guiding Care/InterQual.		
	07/20/21 – MDC-Annual review, updated name to match InterQual criteria set name.		
	06/21/22 – MDC-Annual review, codes added, no changes.		
	07/18/23 – MDC-Annual review, Medicare information added, no changes.		