



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Cardiac Electrophysiologic (EP) Procedures

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, <i>"Electrophysiologic Studies and Intracardiac Ablations"</i> for medical necessity determinations. Refer to the Non-Medicare criteria below.

For Non-Medicare Members

Electrophysiologic Studies and Intracardiac Ablations

Effective until October 1st, 2025

Review for [Elective Surgical Procedures \(LOC\)](#) is required. No Medical Necessity Review Required

Electrophysiologic Studies and Intracardiac Ablations

Effective October 1st, 2025

Kaiser Permanente has elected to use the Electrophysiologic Study and Intracardiac Catheter Ablation (KP-M-154 10012025) MCG* Care Guideline for medical necessity determinations, in addition to the review for [Elective Surgical Procedures \(LOC\)](#).

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

For covered criteria:

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Electrophysiologic Study (EPS)

An electrophysiologic study (EPS) is a diagnostic test used to evaluate the electrical activity of the heart and identify abnormal heart rhythms (arrhythmias). During an EPS, catheters with electrodes are inserted into the heart through blood vessels. These electrodes send electrical signals and measure the heart's electrical activity to pinpoint the source of arrhythmias. EPS can help determine the effectiveness of medications, the need for a pacemaker or implantable cardioverter defibrillator (ICD), and whether catheter ablation is necessary

Intracardiac Catheter Ablation

Intracardiac catheter ablation is a minimally invasive procedure used to treat arrhythmias by destroying the heart tissue causing abnormal electrical signals. During the procedure, catheters are inserted into the heart through blood vessels. Heat (radiofrequency ablation) or cold (cryoablation) energy is used to create tiny scars in the heart tissue, blocking faulty signals and restoring normal heart rhythm. This procedure is often recommended when medications are ineffective or cause significant side effects.

References

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Applicable Codes

Cardiac Electrophysiological (EP) Studies

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	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
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
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)

Cardiac Catheter Ablation

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed
93655	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 (List separately in addition to code for primary procedure)
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
05/06/2025	05/06/2025 ^{MPC}	05/06/2025

^{MPC} Medical Policy Committee

Revision History	Description
05/06/2025	MPC approved to adopt criteria for Electrophysiologic Study and Intracardiac Catheter Ablation based procedures. 60-day notice required; effective date 10/01/2025.