INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier.

This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Diagnostic endocardial electrical stimulation involves the detection and stimulation of cardiac electrical activity for the purpose of studying arrhythmias and abnormalities of the heart's conduction system. Intracardiac electrode catheters, intracardiac and extracardiac recordings and a stimulator device are required. From two to six multipolar electrode catheters are inserted percutaneously, usually through the femoral veins, and advanced to the heart under fluoroscopic control. Other venous or arterial routes may be employed as well. An intracardiac His bundle cardiogram is usually obtained during EES as are conventional electrocardiograms. No separate charge will be recognized for the His Bundle cardiogram. (See §20.16.)

EES is used to investigate the mechanisms, site of origin and pathways of cardiac arrhythmias as well as to select therapeutic approaches for their resolution. EES is also employed to identify patients at risk of sudden arrhythmic death. The principal use for EES is in the diagnosis and treatment of sustained ventricular tachycardia. However, it has also proven to be of value in the diagnosis and management of other complex arrhythmias, conduction defects, and after cardiac arrest.

Guidelines
Diagnostic endocardial electrical stimulation (EES), also called programmed electrical stimulation of the heart, is covered under Medicare when used for patients with severe cardiac arrhythmias.
APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in
this guideline does not imply that the service described by the code is a covered or non-covered health service.
Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws
that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or
guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93600</td>
<td>Bundle of HIS recording (See NCD 20.13)</td>
</tr>
<tr>
<td>93602</td>
<td>Intra-atrial recording</td>
</tr>
<tr>
<td>93603</td>
<td>Right ventricular recording</td>
</tr>
</tbody>
</table>
| 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 |
| 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) |
| 93623    | Programmed stimulation and pacing after intravenous drug infusion (List separately
in addition to code for primary procedure) |
| 93624    | Electrophysiologic follow-up study with pacing and recording to test effectiveness of
therapy, including induction or attempted induction of arrhythmia |
| 93631    | Intra-operative epicardial and endocardial pacing and mapping to localize the site of
tachycardia or zone of slow conduction for surgical correction (See NCD 20.11) |

CPT® is a registered trademark of the American Medical Association

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 20.12 Diagnostic Endocardial Electrical Stimulation (Pacing)
Reference NCDs: NCD 20.11 Intraoperative Ventricular Mapping; NCD 20.13 HIS Bundle Study

GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/09/2016</td>
<td>• Annual review</td>
</tr>
</tbody>
</table>