HIS BUNDLE STUDY (NCD 20.13)

Guideline Number: MPG134.02
Approval Date: November 9, 2016

Table of Contents

INSTRUCTIONS FOR USE ................................................................. 1
POLICY SUMMARY ...................................................................... 1
APPLICABLE CODES ................................................................. 1
REFERENCES ............................................................................. 2
GUIDELINE HISTORY/REVISION INFORMATION ....................... 2

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
The HIS Bundle Study is a diagnostic procedure and is a specialized type of electrocardiography requiring catheterization of the right side of the heart.

Guidelines
Medicare coverage of the procedure is limited to select patients: those patients who have recently developed heart block secondary to a myocardial infarction, those with intermittent or permanent heart block in whom pacemaker implantation is being considered, and those with complex ongoing acute arrhythmias. When heart catheterization and the HIS Bundle Study are performed at the same time, coverage will be for only one catheterization and a small additional charge for the study.

When a HIS bundle cardiogram is obtained as part of a diagnostic endocardial electrical stimulation, no separate charge will be recognized for the HIS bundle study.

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</td>
</tr>
<tr>
<td>93619</td>
<td>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 [See related NCD 20.12 Diagnostic Endocardial Electrical Stimulation (Pacing)]</td>
</tr>
<tr>
<td>93620</td>
<td>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 [See related NCD 20.12 Diagnostic Endocardial Electrical Stimulation (Pacing)]</td>
</tr>
</tbody>
</table>

CPT® is a registered trademark of the American Medical Association

REFERENCES

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

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, no changes</td>
</tr>
</tbody>
</table>