MediBillMD

Cardiology CPT Codes List 2024

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Therapeutic Cardiovascular Services & Procedures

Cardiology CPT Codes	Description
92920	This process involves the expansion of a stenosis that obstructs blood flow. The provider inflates a balloon-tipped catheter, into a blocked section of a single artery or branch of an artery in the heart.
92921	This process involves the expansion of a stenosis that obstructs blood flow. The provider inflates a balloon-tipped catheter, into a blocked section of an additional artery or branch of an artery in the heart.
92924	This procedure treats stenosis for a single coronary artery or branch where the provider inserts a catheter with a revolving blade and inflates a balloon-tipped catheter in the blocked portion of the coronary artery.
92925	This procedure treats stenosis in each subsequent branch of a coronary artery where the provider inserts a catheter with a revolving blade and inflates a balloon-tipped catheter in the blocked portion of the coronary artery.
92928	The physician expands the vessel walls by inserting a balloon-tipped catheter into the blocked portion of the coronary artery and placing a stent there to treat stenosis for a single main coronary artery or branch.
92929	The physician expands the vessel walls by inserting a balloon-tipped catheter into the blocked portion of the coronary artery and placing a stent there to treat stenosis for each additional branch of a coronary artery
92933	To treat stenosis on a single coronary artery or branch, the provider inserts a catheter with a spinning blade, inflates a balloon-tipped catheter into the coronary artery blockage, and installs a stent to extend the vessel's walls.
92934	To treat stenosis each additional branch of a coronary artery, a catheter with a spinning blade is inserted, a balloon-tipped catheter is inflated into the coronary artery blockage, and a stent is installed to extend the vessel's walls.
92937	This code describes a single vessel performed in or through a coronary artery bypass graft. The physician performs this surgery to re-establish the blocked coronary artery, especially done inside or via coronary artery bypass graft. To treat stenosis, the physician inserts a catheter with a spinning blade, inflates a balloon-tipped catheter into the coronary artery blockage, and installs a stent to extend the vessel's walls
92938	This code describes procedures on each extra branch connected by a coronary artery bypass graft. The physician conducts this surgery to re-establish the blocked coronary artery, especially done inside or via coronary artery bypass graft. To treat

	stenosis, the physician inserts a catheter with a spinning blade, inflates a balloon-tipped catheter into the coronary artery blockage, and installs a stent to extend the vessel's walls
92941	The physician creates an incision in the patient's arm or leg to reach the artery during the surgery. Then a catheter with a revolving blade is placed and a balloon-tipped catheter is inflated into the coronary artery or coronary artery bypass graft that is clogged. To treat an obstruction during a heart attack, the medical professional may implant a stent to widen the vessel's constricted walls. He may also repair an artery, remove plaque from its lining, or aspirate a blood clot, or thrombus. This technique is carried out by the physician in the event of an acute myocardial infarction to repair a newly blocked coronary artery bypass graft or coronary artery.
92943	This treatment involves the insertion of a catheter with a rotating blade, inflation of a balloon-tipped catheter into the coronary artery blockage, and stent placement to widen the constricted vessel walls to treat an occlusion. The physician uses this surgery to restore a single chronically blocked coronary artery bypass graft, a coronary artery, or a coronary artery branch.
92944	This treatment involves the insertion of a catheter with a rotating blade, inflation of a balloon-tipped catheter into the coronary artery blockage, and stent placement to widen the constricted vessel walls to treat an occlusion. The provider performs this operation to restore each additional coronary artery, branch, or bypass graft.
92972	The provider performs lithotripsy in addition to another service, which breaks up calcifications in a coronary (heart) artery. The method is percutaneous (via the skin).
92973	The physician performs a thrombectomy to disintegrate the plaque and clots inside the veins at the same time as treating stenosis using any of the suitable methods. During this process, the medical professional eliminates the plaque or clot that is preventing blood from flowing through the blood arteries. He then administers the necessary stenosis treatments.
92974	The physician performs a brachytherapy to keep the arteries open of a blocked heart. To free up these clogged arteries, the physician performs this operation by placing radioactive seeds close to the location of the obstruction to unblock these clogged arteries.
92975	During this process, patients who are having a myocardial infarction are given intracoronary thrombolytic medicines such as urokinase, which help break up the thrombus that has been formed in the coronary artery.
92977	During this process, patients who are having a myocardial infarction are given intravenous thrombolytic medicines such as urokinase, which help break up the thrombus that has been formed in the coronary artery.
92978	It is an additional procedure, where the physician uses ultrasound or optical coherence tomography to push a catheter into a coronary artery or already implanted graft to examine the degree of the blockage, put a stent, or perform additional procedures on the heart either before or following therapeutic

	intervention. After that, he analyzes the pictures and presents his results. This code is used to report the imaging of the first vessel.
92979	It is an additional procedure, where the physician uses ultrasound or optical coherence tomography to push a catheter into an additional coronary artery or already implanted graft to examine the degree of the blockage, put a stent, or perform additional procedures on the heart either before or following therapeutic intervention. After that, he analyzes the pictures and presents his results. This code is used to report the imaging of the first vessel.
Other Therapeutic Cardiovascular Services and Procedures	
92950	The medical provider tries to restart the patient's heart and lungs through cardiopulmonary arrest to make sure that the patient's lungs are getting oxygen.
92953	This procedure restores cardiac contractions by passing electrical impulses through the heart of the patient with arrhythmia.
92960	The physician restores the normal cardiac rate and rhythm of a patient with arrhythmia using an external defibrillator to provide electric shocks.
92961	An electrical shock and intravenous medication are given to a patient who has arrhythmia to restore his/her cardiac rate and rhythm to normal.
92970	During this process, a balloon-tipped catheter is inserted into the patient's aorta to help with circulation.
92971	During this process, the physician helps the patient with circulation by wrapping air cuffs over the lower limbs. The cuffs inflate and deflate in sync with the patient's heartbeat.
92972	The provider performs lithotripsy as an add-on procedure with another service to break up calcifications in a coronary (heart) artery. The method is percutaneous (through the skin).
92973	This procedure is performed in the same session in which the provider treated stenosis. The physician removes the plaque and clots from the blood vessels using a thrombectomy. During this process, the medical professional disintegrates the plaque or clot that is preventing blood flow in the vessels. After that, he gives the stenosis the necessary care.
92974	The medical professional performs brachytherapy to keep the heart arteries open while treating stenosis with any of the suitable methods. To unblock these obstructed arteries, the physician places radioactive seeds close to the location of the obstruction.

92975	This procedure deals with patients who are having a myocardial infarction. They are given intracoronary thrombolytic medication, such as urokinase, which helps break up the thrombus that has formed in the coronary artery.
92986	This surgery involves the use of a balloon catheter to open a stenotic aortic valve for improved blood flow.
92987	This surgery involves the use of a balloon catheter to open a stenotic mitral valve for improved blood flow.
92990	During this treatment, a physician uses a balloon catheter to open a stenotic pulmonary valve.
92997	This procedural code is used for a single vessel of the pulmonary artery. The medical professional inflates a balloon-tipped catheter in the pulmonary artery's obstructed region to cure stenosis.
92998	This code is used for each additional vessel of the pulmonary artery. The medical professional inflates a balloon-tipped catheter in the pulmonary artery's obstructed region to cure stenosis.
Cardiography Procedures	
Cardiology CPT Codes	**Description**
93000	The healthcare professional uses signals from at least 12 leads; wires that connect the recording equipment to electrodes positioned at various points on the body to record the electrical conductivity of the heart to look for any anomalies in its operation. He interprets the results of the electrocardiogram and documents them in a report.
93005	The healthcare professional uses signals from at least 12 leads; wires that connect the recording equipment to electrodes positioned at various points on the body to record the electrical conductivity of the heart to look for any anomalies in its operation. However, the professional does not interpret the results or report them.
93010	The physician interprets and reports the results of an electrocardiogram that has routine (12) twelve leads or more.
93015	The medical professional oversees the recording of the electrical activity of the heart to look for any abnormalities in its functioning by taking regular measurements of blood pressure and electrocardiograms when the heart is under stress from exercise or medication. He then analyzes the information gathered and writes a report summarizing the results.

93016	The professional oversees the recording of the electrical activity of the heart to look for any abnormalities in its functioning by taking regular measurements of blood pressure and electrocardiograms when the heart is under stress from exercise or medication. However, he does not write a report summarizing the results.
93017	The provider documents the reading of the electrical activity of the heart to look for any abnormalities in its functioning by taking regular measurements of blood pressure and electrocardiograms when the heart is under stress from exercise or medication. He does not write a report summarizing the results.
93018	The medical professional examines and interprets the electrocardiograph and blood pressure readings that are taken at regular intervals when the patient's heart is under stress due to exercise or medication to look for any abnormalities in the heart's functioning. He completes a report summarizing his findings.
93024	During this process, the professional gives the patient an ergonovine injection to test for existing coronary artery spasms. He also monitors the patient for chest pain and electrocardiographic changes.
93025	The medical practitioner examines the minor changes in T waves on an electrocardiographic recording of the heart to evaluate the risk of ventricular arrhythmia, a potentially fatal arrhythmia.
93040	The healthcare professional records the electrical conductivity of the heart to look for any anomalies in its operation using up to three leads; wires connecting the recording equipment to electrodes positioned at various points on the body. He also interprets the electrocardiogram and completes a report summarizing the results.
93041	The healthcare professional records the electrical conduction of the heart to find any anomalies in its operation using a maximum of three leads. This code only represents the technical aspect of the service.
93042	The healthcare professional evaluates a recording of the electrical conduction of the heart to look for any anomalies in its operation using up to three leads; wires connecting the recording equipment to electrodes positioned throughout the body. He concludes by writing a report on the results.
93050	During this approach, a provider measures the central arterial pressure with a tonometer that is worn over the radial artery at the wrist. Next, he interprets the waveform, calculates the pressure using mathematics, assesses the augmentation index (the ratio of arterial to central pressure), and reports his findings.
Phrenic Nerve Stimulation System	
93150	The provider therapeutically activates and implants a phrenic nerve stimulation system, and also assesses and programs the device.

93151	The provider performs a phrenic nerve stimulation system interrogation and programming for a minimum of one parameter.
93152	The provider performs a phrenic nerve stimulation system interrogation and programming during a sleep study.
93153	The provider performs the phrenic nerve stimulation system interrogation without programming.
Cardiovascular Monitoring Services	
93224	The physician attaches an electrocardiographic, or ECG, recorder to the patient for up to 48 hours to identify irregular heart rates and rhythms. The provider also analyzes, compiles, and interprets the ECG results.
93225	The physician or other health care professional attaches an electrocardiographic, or ECG, recorder to the patient for up to 48 hours to identify irregular heart rates and rhythms. This service only reports the test recordings and not the interpretation of the results.
93226	The physician or other health care professional attaches an electrocardiographic, or ECG, recorder to the patient for up to 48 hours to identify irregular heart rates and rhythms. A report is generated only for the scanning analysis portion of the test.
93227	The patient wears an external electrocardiographic, or ECG, recorder for 48 hours. It helps the provider detect irregular heart rates and rhythms. The physician also evaluates and interprets the data from the recorder.
93228	The healthcare professional identifies abnormal heart rates and rhythms by examining and analyzing the data obtained from the continuous recording and transmission of electrocardiographs. He then presents the results in a report.
93229	During this procedure, the medical service provider, usually a technician puts a wearable ECG monitor on the patient and gives him instructions on how to use it. He watches the transmissions to look for irregular heartbeats and rates.
93241	The patient wears an external electrocardiographic, or ECG, recorder for 48 hours and up to 7 days. It helps the provider detect irregular heart rates and rhythms. He analyzes, compiles, interprets, and records the data from external ECG.
93242	The patient wears an external electrocardiographic, or ECG, recorder for 48 hours for up to 7 days to help detect irregular heart rates and rhythms. This service also involves recording and storing the ECG results.
93243	A processing center technician carries out a scanning analysis and reports the electrocardiographic data after the patient wears an electrocardiographic recorder for more than 48 hours, and up to 7 days to help detect irregular heart rates and rhythm.

93244	After a patient has worn an electrocardiographic or ECG recorder for more than 48 hours, and up to 7 days, to identify abnormal heart rates and rhythm, the medical provider reviews and interprets the results.
93245	The patient is given an electrocardiographic or ECG recorder, which they must wear for at least seven days, and up to fifteen days. This process helps detect irregular heart rates and rhythms. The service includes recording, examining, gathering, and interpreting the results.
93246	The patient is given an electrocardiographic or ECG recorder, which they must wear for at least seven days, and up to fifteen days. This process helps detect irregular heart rates and rhythms. The electrocardiogram results are recorded and stored as part of this service.
93247	An electrocardiographic (ECG) recorder is worn by a patient for a minimum of seven days and a maximum of fifteen days to help identify irregular heartbeats and rates. After this, a processing center technician performs a scanning analysis and reports the electrocardiographic results.
93248	The provider completes a review and interpretation of the electrocardiographic findings after a patient has worn an electrocardiographic, or ECG recorder, for more than seven days, up to 15 days, to help detect abnormal heart rates and rhythm.
93260	The service provider tests and programs the subcutaneous lead defibrillator system for maximum performance. He notes the programmed parameters, reviews the test findings, and writes a report.
93261	The provider tests and examines to assess how well the subcutaneous lead defibrillator system is working. He compiles his results into a report.
93264	The service provider doctor or other licensed healthcare practitioner reviews the weekly downloads of remote monitoring reports from a wireless pulmonary artery pressure sensor. He evaluates the data, looks for patterns, and writes a report.
93268	To measure the incidence of cardiac events in a patient, even when the patient is at home, the physician uses electrocardiographic leads and a monitor. Throughout the day, he records the data, analyzes it, and reports the results.
93270	In this service, the physician observes the patient's heart rhythm while the patient exhibits cardiac symptoms. He attaches the patient's electrocardiogram leads to an event recorder, which has a 30-day maximum recording and transmission period for the patient's heart rhythm data. The ECG trace is transmitted by the patient using the device both before and during symptoms, such as chest discomfort. The healthcare professional will next assess the situation and recommend the best course of action to the patient. This code denotes the technical aspects of the recording, such as the device's connection, disconnection, and recording.
93271	In this service, the physician observes the patient's heart rhythm while the patient exhibits cardiac symptoms. He attaches the patient's electrocardiogram leads to an event recorder, which has a 30-day maximum recording and transmission period for

	the patient's heart rhythm data. The ECG trace is transmitted by the patient using the device both before and during symptoms, such as chest discomfort. The healthcare professional will next assess the situation and recommend the best course of action to the patient. This code reports the professional and technical aspects of the ECG data analysis and transmission.
93272	In this service, the physician observes the patient's heart rhythm while the patient exhibits cardiac symptoms. He attaches the patient's electrocardiogram leads to an event recorder, which has a 30-day maximum recording and transmission period for the patient's heart rhythm data. The ECG trace is transmitted by the patient using the device both before and during symptoms, such as chest discomfort. The healthcare professional will next assess the situation and recommend the best course of action to the patient. This code represents the professional aspect of the information (provider's assessment and interpretation).
93278	The physician aims to monitor the patient's cardiac rhythm by attaching surface electrodes to the patient's chest and using signal-averaged electrocardiography (SAECG). He may also report the results of an ECG. The technical and professional aspects of the service are represented by this code.
Implantable, Insertable, and Wearable Cardiac Device Evaluations	
93264	The provider or physician evaluates at least weekly downloads of remote monitoring reports from a wireless pulmonary artery pressure sensor, interprets the results, analyzes patterns, and writes a report.
93279	The physician conducts a face-to-face examination before repeatedly adjusting and testing the current settings of an already implanted single-lead or leadless pacemaker device, which measures and controls the heartbeat in a single chamber of the heart. Following his study, he evaluates the findings and creates a report. This code identifies both the professional and technical aspects of the service.
93280	In this service, the physician performs a face-to-face examination before appropriately adjusting the existing settings of a previously implanted dual-lead pacemaker device. He modifies the mechanism that senses and controls the heartbeat in two chambers. This code refers to both the professional and technical aspects of the service.
93281	In this service, the provider performs a face-to-face examination and then optimizes the current settings of a previously implanted multiple-lead pacemaker system. He alters the system's functions that detect and control the heart's rhythm in at least three chambers. This code refers to both the professional and technical aspects of the service.
93282	During a direct interaction with a patient with an irregular heartbeat, the provider assesses and modifies the parameters, settings, or various operating functions of a previously implanted single-lead transvenous implantable defibrillator system (a

	device that regulates the heart's rhythm). This achieves maximum efficiency in controlling the cardiac rhythm in one chamber of the heart exclusively, as measured by a single lead or connection to the device.
93283	During a direct interaction with a patient with an irregular heartbeat, the provider reviews and modifies the parameters, settings, or different operational functions of a previously implanted dual-lead transvenous implantable cardioverter defibrillator system, which controls the heart rate. This achieves maximum efficiency in regulating the heart rhythm in two chambers only, as measured by a dual lead, or double connection to the device.
93284	In this service, the provider performs a face-to-face examination and then optimizes the current settings of various working functions of a previously implanted multiple-lead defibrillator device. He modifies the system's operational functions, which are in charge of controlling the heart's rhythm in more than two chambers. This code refers to both the professional and technical aspects of the service.
93260	The subcutaneous lead defibrillator system is tested and programmed to perform optimally. He examines the test findings, takes note of the programmed parameters, and generates a report.
93285	In this service, the provider, a physician, or another competent healthcare expert, conducts a face-to-face evaluation and repeatedly changes, tests, and readjusts the settings of an already implanted subcutaneous heart rhythm monitoring system. After his analysis, he evaluates the findings and prepares a report. This code refers to both the professional and technical aspects of the service.
93286	The provider conducts a face-to-face evaluation and then optimizes the current settings of a single, dual, multiple-lead, or leadless pacemaker system before, during, and/or immediately following a procedure. He reviews the findings and prepares a report. This category indicates both the professional and technical aspects of the service provided by a physician or other certified healthcare practitioner.
93287	The provider performs a face-to-face examination before or after a surgical operation and then optimizes the existing settings of an already implanted single, dual, or multiple-lead defibrillator device. He alters the different working functions of the defibrillator (a device in charge of sensing and controlling activity in one, two, or more chambers of the heart). This code encompasses both the professional and technical aspects of the service.
93288	The provider performs a face-to-face examination before adjusting the parameters of a previously implanted single, dual, multiple-lead, or leadless pacemaker system to an ideal setting. He then examines the results and prepares a report. This code indicates both the professional and technical components of the service provided by a physician or other certified healthcare practitioner.
93289	In this service, the physician performs a face-to-face examination before appropriately adjusting the existing settings of a previously implanted single-lead, dual-lead, or multiple-lead defibrillator system. He modifies the working functions of

	the defibrillator, which is in charge of sensing and controlling the activity of one, two, or more chambers of the heart. This code refers to both the professional and technical aspects of the service.
93290	The provider conducts a face-to-face examination, optimizes the current parameters of a previously implanted cardiovascular physiologic monitoring system, analyzes the results, and provides a report. This category indicates both the professional and technical aspects of the service provided by a physician or other certified healthcare practitioner.
93291	The provider conducts a face-to-face evaluation and then optimally adjusts the existing parameters of various operating functions of a previously implanted subcutaneous cardiac rhythm monitor system responsible for sensing heart activity. He then reviews the results and prepares a report. This category indicates both the professional and technical components of the service provided by a physician or other certified healthcare practitioner.
93292	In this procedure, the provider conducts a face-to-face examination before optimally adjusting the current settings of various operational functions of a patient's wearable defibrillator device, which is used to monitor cardiac activity. This code refers to both the professional and technical aspects of the service.
93293	The cardiologist analyzes a pacemaker via rhythm strip over the phone. She examines the pacemaker data and validates the function of each lead, battery, capture, and sensing via a trans-telephonic monitoring strip, first without the magnet and then with the magnet over the pacemaker. As a result, she evaluates the pacemaker's operation and the time interval until the next analysis, which includes a review and report on a single, dual, or multiple lead pacemaker system.
93294	A physician or other qualified healthcare professional remotely monitors the function of a single, dual, multiple lead, or leadless pacemaker system for up to 90 days, then assesses the data and provides a report.
93295	This procedure involves the remote evaluation of an implanted single-lead, dual-lead, or multiple-lead defibrillator system. This service includes an interim analysis for ninety days, along with a technical review and report on the data.
93296	The technician collects data from a patient's single, dual, multiple lead, or leadless pacemaker or implanted defibrillator system for up to 90 days by remotely accessing the device, extracting information, and conducting a technical assessment. He then shares the data with the patient's physicians, offering technical assistance as needed. This code reflects the service's technical component.
93297	The provider or any other licensed healthcare practitioner uses telemetric communication from both internal and exterior sensors to assess the physiologic data from the implanted physiologic cardiovascular monitoring system for a maximum of thirty days.
93298	The provider or any other healthcare professional evaluates data from a previously implanted subcutaneous cardiac rhythm monitor system via telemetric

	communication for up to 30 days from both internal and external sensors. The procedure helps confirm whether or not the recorded heart rate is normal.
Echocardiography Procedures	
93303	The provider performs full transthoracic echocardiography to capture images of the heart structures through the chest wall in individuals born with heart abnormalities. This study involves the visualization of heart chambers, valves, blood flow, and cardiac activity. This service includes both a professional and technical component.
93304	The physician performs a restricted or follow-up transthoracic echocardiogram to collect images of the heart through the chest wall in individuals born with heart abnormalities. It is a limited assessment of a specific clinical problem that does not seek to examine or document all cardiac structures seen in a full echocardiogram. This service includes both a professional and technical component.
93306	The provider uses transducers to get two-dimensional (2D) images of the heart structures via the chest wall. He assesses the anatomy and function of all heart chambers, valves, the surrounding aorta, and the heart wall. This service includes both a professional and technical component.
93307	The provider utilizes transducers to create a two-dimensional (2D) echocardiogram of the heart structures via the chest wall. This study involves the visualization of heart chambers, valves, blood flow, and cardiac activity. This service includes both professional and technical components.
93308	The physician uses limited or follow-up transthoracic echocardiography to get a two-dimensional (2D) image of the heart via the chest wall. It is a limited assessment of a specific clinical problem that does not seek to examine or document all cardiac structures seen in a full echocardiogram. This service includes both a professional and technical component.
93312	The provider uses transesophageal echocardiography, or TEE, with several transducers, probes, or a spinning transducer to create a two-dimensional (2D) image of the heart. The TEE test looks closely at the heart's valves and chambers to assess their overall function and detect the existence of various heart conditions.
93313	In this procedure, the provider inserts a transesophageal probe to prepare for transesophageal echocardiography (TEE), which produces a two-dimensional (2D) image of the heart valves and chambers. This code solely supports the insertion of a probe to study the exact anatomy of the heart.
93314	In this procedure, the provider performs transesophageal echocardiography, TEE, and interprets the overall performance of the heart's valves and chambers to detect the existence of a variety of heart diseases. This code solely includes the interpretation and reporting of the procedure.

93315	The provider uses transesophageal echocardiography (TEE) with various transducers or a rotating transducer to get a two-dimensional (2D) image of the heart. This code denotes probe placement, interpretation, and a report on the complete procedure.
93316	The physician performs transesophageal echocardiogram, or TEE, with various transducers or a rotating transducer to create a two-dimensional, 2D, image of the heart. Visualization helps detect any congenital issues. This process solely involves transesophageal probe implantation.
93317	The provider performs transesophageal echocardiography, TEE, with various transducers or a rotating transducer to create a two-dimensional (2D) image of the heart for the detection of any congenital abnormalities. The TEE test looks closely at the heart's valves and chambers to assess overall function and detect the existence of various heart conditions.
93318	The provider monitors and continuously assesses heart functioning, using transesophageal echocardiography (TEE) with various transducers or a rotating transducer to create a two-dimensional (2D) picture.
93319	Along with the main echocardiography service, the provider performs 3D imaging. In addition to having real-time access to the images, the provider uses post-processing software for additional research, like reconstruction and measurement.
93320	The provider performs a comprehensive Doppler echocardiography, which uses high-frequency sound waves to generate a two-dimensional picture of the heart. Doppler technology assesses the speed and direction of blood flow through spectral display. A pulsed wave alternates between transmitting and receiving ultrasound, whereas a continuous wave indicates undisrupted or simultaneous generation and reception of sound waves.
93321	The provider uses pulsed wave or continuous wave Doppler echocardiography with a spectrum display for a brief or follow-up study. Ultrasound is the continuous creation of ultrasound waves combined with continuous ultrasound reception. The continuous wave Doppler measures the highest blood velocity by continuously transmitting and receiving ultrasound waves. The spectral display graphically represents the velocity and direction of blood flow. This is an additional code for restricted or follow-up research.
93325	The medical expert uses Doppler echocardiography which is a diagnostic process based on the Doppler effect of sound and color flow velocity mapping. A two-dimensional visual representation of blood flow in the heart depicts the velocity and direction of blood flow in distinct colors.
93350	The provider performs transthoracic echocardiography when the patient is at rest and after exercise. He examines the images to check and measure both global and ventricular function, as well as the cardiac causes of chest pain.
93351	The provider performs continuous transthoracic echocardiography at rest and after exercise, then examines the images to evaluate and assess global and ventricular function, as well as other cardiac causes of chest pain. This code has both a

	professional and technical component. It is not limited to monitoring and interpretation.
93352	During this method, the physician conducts an echocardiography by intravenously administering contrast to acquire pre- and post-stress pictures.
93355	The provider examines the heart's valves and chambers with an ultrasound transducer inserted through an endoscope into the esophagus. It is done for guidance during transcatheter treatments on the heart and major vessels.
93356	In addition to standard echocardiography, the provider uses speckle tracking of myocardial mechanics to evaluate myocardial strain.
Cardiac Catheterization Procedures	
Cardiac Catheterization and Associated Procedures	
93451	The provider uses fluoroscopic guidance to gain percutaneous venous access through the internal jugular, subclavian, or femoral vein. He takes oxygen saturation measurements, which show the percentage of oxygen the blood is carrying compared to the maximum it could transport to estimate cardiac output.
93452	This procedure involves inserting a catheter into a systemic heart chamber on the left side, such as the left ventricle or left atrium. It also encompasses left ventricular injection and the measurement of left ventricular pressures that build up within the ventricle.
93453	A medical professional performs right and left heart catheterizations to assess the function of the heart.
93454	The physician provides imaging supervision and interpretation for coronary angiography, in which injections are administered to assess coronary artery disease or stenosis within the artery. This code should only be used to describe imaging supervision and interpretation for this process.
93455	The physician supervises and interprets imaging during catheter placement in the bypass graft. He also administers injections to detect any coronary artery disease or stenosis within the artery. Report this code only for imaging supervision and interpretation.
93456	This treatment involves imaging supervision and interpretation for a coronary angiography with right heart catheterization. The provider also administers injections to detect any coronary artery disease or stenosis within the artery. Report this code only for imaging supervision and interpretation.
93457	The physician supervises and interprets imaging, including catheter placement for coronary angiography and bypass graft angiography with right heart

	catheterization. He also administers injections to detect any coronary artery disease or stenosis within the artery. Report this code solely for imaging supervision and interpretation.
93458	This treatment involves imaging supervision and interpretation for coronary angiography with left heart catheterization and intraprocedural injections for left ventriculography. He administers these injections to detect any coronary artery disease or stenosis within the artery. Report this code only for imaging supervision and interpretation.
93459	This process involves the physician performing coronary angiography, which is an imaging investigation of the heart's vessels. He puts a tube into an artery, usually in the groin or arm, and threads it into the left side of the heart, where he injects dye. He also injects dye into the left ventricle, the lower chamber on that side (if necessary), and any previous bypass grafts. He supervises image collection and interpretation to identify blockages and assess heart health.
93460	The provider performs coronary angiography, which is an imaging investigation of the heart's vessels. He puts a tube into an artery, usually in the arm or groin, and threads it into the left and right sides of the heart, injecting dye there. He also injects dye into the left ventricle, which is the lower chamber on the left side. He studies the images to identify narrowing or blockages and evaluate the condition of the heart.
93461	To assess heart function, the physician uses coronary and bypass graft imaging in conjunction with right and left heart catheterization.
93462	The healthcare provider inserts a catheter into the left ventricle of the heart by puncturing the septum, a partition between the ventricles, or by making an incision in the skin between the ribs. This method is used when the left side of the heart is hard to reach, like in patients undergoing valve replacement.
93463	A healthcare practitioner uses a pharmacologic agent, such as inhaled nitric oxide or an intravenous infusion of nitroprusside, dobutamine, milrinone, or other inotropic agents, to monitor hemodynamic measurements before, during, and after administration. He may also administer additional hemodynamic agents. Report this code with a primary procedure code.
93464	The physician asks a patient to exercise to assess the effects on the patient's heart. He measures various hemodynamic parameters like the heart rate, blood flow, pressure, and oxygen saturation before and after the exercise. This research, which is done in conjunction with cardiac catheterization, evaluates the heart's ability to tolerate physical stress.
93503	The provider uses Swan–Ganz® catheterization on patients with heart failure, valvular regurgitation, acute renal failure, pulmonary edema, pulmonary hypertension, shock, and burns to directly assess pressure in the pulmonary artery, right atrium, and right ventricle as well as the wedge pressure of the left atrium concurrently.

93505	A healthcare professional takes a tissue sample from the innermost layer of the heart muscle, mostly to look for indications of damage due to heart transplant rejection.
Injection Procedures During Cardiac Catheterizations	
93563	The provider puts a catheter into the coronary arteries and injects dye to test heart function in a patient with congenital heart disease. He supervises imaging, interprets the photos, and prepares a report of his findings.
93564	The physician inserts a catheter into the coronary arteries and injects dye to assess heart function in a patient with congenital heart disease. He also catheterizes natural arteries and any bypass grafts. The images are collected and analyzed and a report is prepared on the findings.
93565	During this treatment, a catheter is inserted into the left ventricle or left atrium of a patient with congenital heart disease, through which a dye is injected to assess heart function. The provider supervises the process and analyzes the images to prepare a report on the findings.
93566	During this treatment, a patient with congenital heart disease has a catheter inserted into their right ventricle or right atrium, and dye is injected to assess heart function. The provider supervises the process and analyzes the images to prepare a report on the findings.
93567	The physician assesses the heart function in patients with or without congenital heart disease by inserting a catheter into the aorta and injecting dye. He supervises the process and analyzes the images to prepare a report on the findings.
93568	This code is used to observe the blood flow in an artery during a cardiac catheterization procedure. A catheter is inserted into the pulmonary artery and dye is injected for visualization. The provider supervises the process and analyzes the images to prepare a report on the findings.
93569	The physician observes the blood flow in an artery during a cardiac catheterization procedure. A catheter is inserted into the right or left pulmonary artery and dye is injected for visualization. The provider supervises the process and analyzes the images to prepare a report on the findings.
93571	A catheter is inserted into a coronary artery and a medication is injected to improve the blood flow. Then, to assess the degree of a blockage in the vessel, he uses the Doppler technique to monitor the blood's velocity and pressure. An initial vessel is measured through this process.
93572	The physician inserts a catheter into a coronary vessel or bypass graft to inject a medicine that enhances blood flow. He then uses the Doppler technique to detect the blood pressure and velocity and assess the degree of blockage in each additional vessel.

93573	The physician observes the blood flow in an artery during a cardiac catheterization procedure. A catheter is inserted into the right and left pulmonary arteries and dye is injected for visualization. The healthcare professional supervises the imaging process, analyzes the results, and writes a report.
93574	The physician observes the blood flow in a vein during a cardiac catheterization operation. A catheter is inserted into the pulmonary vein and dye is injected for visualization. The healthcare professional monitors the imaging process, analyzes the results, and writes a report.
93575	The physician inserts a catheter into a major aortopulmonary collateral artery (MAPCA) of the aorta or its systemic branches and injects dye during a cardiac catheterization procedure for a patient with a congenital heart problem to see the artery and observe the blood flow. The healthcare professional monitors the imaging process, analyzes the results, and writes a report.
Repair Procedures of Structural Heart Defects	
Percutaneous Transcatheter Closure Procedures	
93580	During this process, the physician closes a hole between the atria or upper chambers of the heart that was a result of a congenital abnormality or surgery. He threads a catheter into the right side of the heart by passing it via a large vein in the groin and injects dye. Then he takes pictures of the upper and lower chambers and places an implant to patch the hole in the septum or wall between the chambers.
93581	During this procedure, the physician closes a hole (due to birth defect) between the ventricles or lower chambers of the heart. He attaches a catheter to the right side of the heart by passing it via a large vein in the groin and injects dye. He takes pictures of the upper and lower chambers and patches the hole in the septum or wall between the chambers.
93582	The medical professional uses a catheter inserted via the skin and maneuvered through the vascular system to close a patent ductus arteriosus - a congenital heart defect that extends from the pulmonary artery to the aorta.
Percutaneous Transcatheter Septal Reduction Therapy	
93583	The doctor uses a catheter-based intervention to induce a controlled infarction. The procedure is used to treat obstruction caused by excessively thick cardiac muscle between the ventricles.
93584	The physician uses a catheter to perform vein imaging to evaluate an anomalous or persistent superior vena cava (SVC), that exists on the side opposite from a first SVC,

	in the same session as heart catheterization for one or more congenital abnormalities.
93585	The physician uses a catheter to perform vein imaging to evaluate the azygos/hemiazygos venous system, which flows blood from the chest to the superior vena cava, in the same session as heart catheterization for one or more congenital abnormalities.
93586	The physician uses a catheter to perform vein imaging to examine the coronary sinus, a sizable venous structure in the heart, concurrently with heart catheterization for one or more congenital abnormalities.
93587	The physician uses a catheter to perform vein imaging to evaluate venovenous collaterals, originating at or above the heart, in the same session as cardiac catheterization for one or more congenital abnormalities.
93588	The physician uses a catheter to perform vein imaging to evaluate venovenous collaterals, originating below the heart, in the same session as cardiac catheterization for one or more congenital abnormalities.
Transcatheter Closure of Cardiac Paravalvular Leak	
93590	The healthcare professional uses a catheter placed percutaneously through a tiny skin incision on the heart to insert a special device and close or occlude a leak around the mitral valve, such as a prosthetic (artificial) valve. This code refers to the insertion of the initial occlusion device to seal a leak in the mitral valve, which is the valve between the left atrium and left ventricle of the heart.
93591	The healthcare professional uses a catheter placed percutaneously through a tiny skin incision on the heart to insert a special device and close or occlude a leak around the aortic valve, such as a prosthetic (artificial) valve. This code refers to the insertion of the first occlusion device to seal a leak in the aortic valve. It is the cardiac valve that connects the heart to the aorta, the biggest artery that emerges from the heart and provides oxygenated blood to the body.
93592	The healthcare professional uses a catheter placed percutaneously through a tiny skin incision on the heart or the femoral artery to insert a special device and close or occlude a leak around the mitral or aortic valve, such as a prosthetic (artificial) valve. This code is for inserting each extra occlusion device to seal an aortic or mitral valve leak.
Cardiac Catheterization for Congenital Heart Defects	
93593	The physician passes a catheter through the blood veins leading to the heart and inserts it into the right side of a patient who was born with one or more heart abnormalities and normal native connections. In addition to measuring blood gases, the physician obtains samples for other tests.

93594	The physician passes a catheter through the blood veins leading to the heart and inserts it into the right side of a patient who was born with one or more heart abnormalities and abnormal native vessel connections. In addition to measuring blood gases, the physician obtains samples for other tests.
93595	When a patient is born with one or more heart abnormalities, the medical professional passes a catheter through the blood vessels and into the left side of the heart for examination.
93596	The physician passes one or more catheters through the blood vessels leading to the heart and inserts it into the right and left sides of a patient born with one or more heart abnormalities and normal native connections. In addition to measuring blood gases, the physician obtains samples for other tests.
93597	The physician passes one or more catheters through the blood vessels leading to the heart and inserts it into the right and left sides of a patient born with one or more heart abnormalities and abnormal native connections. In addition to measuring blood gases, the physician obtains samples for other tests.
93598	The physician injects a substance and measures its temperature and concentration to determine the amount of blood pumped by the heart over time. The procedure is performed in the same session as cardiac catheterization for congenital abnormalities.
Intracardiac Electrophysiological Procedures/Studies	
93600	The healthcare professional records the electrical activity in the heart in the part known as the bundle of His.
93602	The healthcare professional monitors the electrical activity in the heart in one of the heart's upper chambers (atrium).
93603	The healthcare professional monitors the electrical activity in one of the heart's lower chambers (ventricle).
93609	The healthcare professional induces a rapid heartbeat and then uses electrodes to map the electrical activity in the heart and determine where it originated.
93610	When he applies electrical impulses to a particular portion of the heart, the doctor is "pacing." Pacing allows the doctor to evaluate how different parts of the heart respond to electrical impulses. In particular, the doctor may use pacing to assess the speed and appropriateness of the heart's electrical impulse transportation via certain cardiac routes. Report this code when the doctor paces from the atrium.
93612	When he applies electrical impulses to a particular portion of the heart, the doctor is "pacing." Pacing allows the doctor to evaluate how different parts of the heart respond to electrical impulses. In particular, the doctor may use pacing to assess the

	speed and appropriateness of the heart's electrical impulse transportation via certain cardiac routes. Report this code when the doctor paces from the ventricle.
93613	The healthcare professional induces a rapid heartbeat to map out the electrical activity in the heart in three dimensions using several electrodes to determine where it is coming from.
93615	The healthcare professional inserts a catheter at a certain esophageal site. The electrodes on the tip of the catheter identify the best place to receive the signal to get esophageal electrograms of the atria. The esophagus passes close to the left atrium, hence doctors can identify atrial activity during arrhythmias by using an exploratory electrode that has been ingested and connected to a thin cable. Ventricular recording may or may not be part of the technique. The code represents the technical and professional aspects of the service.
93616	The healthcare professional inserts a catheter into the esophagus with a recording electrode tip to provide pacing impulses and acquire esophageal electrograms of the atria. The procedure may also include recording inside the ventricles. The technical and professional aspects of the service are represented by this code.
93618	The healthcare professional inserts a catheter to induce an arrhythmia.
93619	The healthcare professional places and repositions various electrode catheters in the right ventricle, right atrium, and His bundle area to assess abnormal cardiac rhythm problems. The code represents the technical and professional aspects of the service.
93620	The physician inserts many electrode-tipped catheters into the right ventricle, right atrium, and His bundle area to conduct a thorough electrophysiologic study (EPS). He then initiates or attempts to induce an arrhythmia in addition to performing right atrial and right ventricular pacing and recording and His bundle recording.
93621	In this additional procedure, the physician inserts an extra catheter through a venous sheath and takes it through the coronary sinus under fluoroscopic guidance for left atrial pacing and recording after first inducing arrhythmia with pacing and recording of the right side of the heart and bundle of His.
93622	In this additional procedure, the physician inserts an extra catheter through a venous sheath and takes it under fluoroscopic guidance for left ventricular pacing and recording after first inducing arrhythmia with pacing and recording of the right side of the heart and bundle of His.
93623	The physician paces and stimulates the heart by injecting a medication that pharmacologically impacts the heart. The procedure helps identify underlying arrhythmias that cannot be induced by conventional stimulation techniques.
93624	A healthcare professional conducts a follow-up examination of the heart's electrical activity. He uses electrical stimulation to control the heart's rhythm and records the electrical activity of the heart using an electrode inserted into the organ. He

	accelerates the heart rate to assess the impact of therapy, such as an ablation operation.
93631	During open heart surgery, the physician uses epicardial and endocardial pacing and mapping to identify the location of foci that cause tachycardia or arrhythmia. The heart wall's outermost layer is called the epicardium, while its innermost layer is called the endocardium.
93640	During this process, the physician examines the electrical activity of the leads of a cardioverter defibrillator, which is implanted in the heart, as well as the device's capacity to detect and control an irregular heartbeat. He conducts this test when the device is originally implanted or needs replacing.
93641	The physician tests the electrical activity and response to an irregular heartbeat of the leads of an implanted single or dual-chamber cardioverter defibrillator. He conducts this test when the device is originally implanted or needs replacing. He also checks the pulse generator, the device's controller, and its power supply.
93642	The provider assesses and modifies several electrophysiologic and therapeutic parameters of a pacing defibrillator system, either single-chamber or dual-chambered.
93644	The provider performs an electrophysiology procedure to asses the subcutaneous defibrillator system. He does this by attempting to cause or induce an arrhythmia, figuring out the threshold at which the arrhythmia must end, assessing sensing parameters, and programming or reprogramming the device for use in therapeutic settings.
93650	The physician destroys the muscle fibers in the heart that conduct electrical impulses to cure an irregular heart rhythm. He uses a catheter that is put via the groin to reach the heart. He may implant a temporary pacemaker to control the heart rate.
93653	To evaluate the electrical activity in the heart, the physician inserts wire electrodes and performs a full electrophysiologic (EP) study. The clinician tries to cause an arrhythmia or initiates one. By blocking the channel or other source of the issue, the healthcare practitioner also treats rapid heartbeats that originate above the ventricles.
93654	To evaluate the electrical activity in the heart, the physician inserts wire electrodes and performs a full electrophysiologic (EP) study. He tries to cause an arrhythmia or initiates one. Additionally, by blocking the route or another source of the issue, the provider treats irregular cardiac rhythms that originate in the ventricles.
93655	This technique involves the provider monitoring the heart's electrical activity after ablation to assess the procedure's efficacy and pinpoint any further regions causing an irregular heartbeat. He abates or eliminates the muscle fibers in these regions. A catheter that is inserted via the groin gives him access to the heart.

93656	A full electrophysiologic (EP) study requires the physician to insert wire electrodes to evaluate electrical activity in the heart. The physician makes an incision in the thin wall separating the heart's chambers to reach required areas. The provider tries to cause an arrhythmia or initiates one. Additionally, the cause of atrial fibrillation, or abnormal heartbeat, near the point where the pulmonary veins link to the left atrium is treated through energy. Pulmonary vein isolation (PVI) is known as an ablation procedure.
93657	The physician uses radiofrequency energy to treat an extra source of atrial fibrillation, an irregular heartbeat, after radiofrequency ablation.
93660	The patient is placed on a tilt table and the healthcare professional performs cardiac function testing to identify the root cause of reflex-mediated syncope. He adjusts the position of the patient with the heart and blood pressure monitors still attached. He may provide medication to speed up the heart rate and perform the tests again.
93662	Intracardiac echocardiography is an imaging technique and an add-on method used by the physician to observe the interior workings of the heart using ultrasound technology. The physician uses cardiac imaging during a diagnostic or therapeutic procedure.
Peripheral Arterial Disease Rehabilitation	
93668	The physician oversees exercise sessions aimed at improving walking tolerance and reducing discomfort and swelling caused by peripheral artery disease, or hardening of the arteries in the legs.
Non-invasive Physiologic Studies and Procedures	
93701	To test certain physiological heart parameters, the physician conducts a bioimpedance study. The exam aids in assessing the patient's cardiovascular health.
93702	The healthcare practitioner measures the limbs' tissue resistance to moderate electric current and calculates the amount of extracellular fluid that is, fluid in the tissue spaces outside the cells. The process aids the provider to detect early lymphedema and take precautionary measures.
93724	The physician examines an electronic pacemaker system intended to manage tachycardia, an irregularly fast heartbeat through the monitoring of the paced heart rate and the simulation of a tachycardia episode. He also offers an interpretation of his results.
93740	Using a temperature sensor fixed on a catheter that is inserted through a vessel in the groin, the healthcare professional measures temperature differences in various heart wall sites. To pinpoint the locations where the heart muscle is failing, he records the temperature fluctuations at different sites.

93745	The provider conducts an initial setup and programming of the wearable cardioverter defibrillator. He sets up the parameters of the system, captures baseline data, and transmits it to a central point. He instructs the patient on how to operate the device.
93750	The physician analyzes the settings and functions of a ventricular assist device, a mechanical pump that is attached to the heart and aorta, and guarantees sufficient blood flow when the heart fails. The gadget is connected to a controller and external power supply. When required, the physician reprograms the device and records his results.
93770	The healthcare professional takes pressure readings in the venous system, which refers to the vessels that deliver deoxygenated blood from the body to the heart, to evaluate the status of a patient's cardiovascular system in the case of a serious disease.
93784	The provider orders ambulatory blood pressure monitoring, in which the patient wears a device that automatically records and saves blood pressure readings periodically for 24 hours. After scanning the data and interpreting it, the provider reports his results.
93786	The provider orders ambulatory blood pressure monitoring, in which the patient wears a device continuously that records the blood pressure at intervals for 24 hours. He just notes down the results.
93788	The provider orders ambulatory blood pressure monitoring, in which the patient wears a device continuously that records the blood pressure at intervals for 24 hours. He notes down the readings, reviews the data, and presents his conclusions.
93790	The provider orders ambulatory blood pressure monitoring, in which the patient wears a device continuously that records the blood pressure at intervals for 24 hours. He notes down the readings, interprets the data, and presents his findings.
Home & Outpatient International Normalized Ratio (INR) Monitoring Services	
93792	A doctor or other licensed healthcare provider gives instruction and in-person training to a patient or caretaker on how to operate an INR monitor, draw blood for sampling, report the results, and record the training's outcomes.
93793	The physician analyzes and interprets a fresh INR test result for a patient who takes warfarin regularly. If necessary, he then adjusts the patient's dosage, advises them to continue therapy, and arranges for more testing.
Other Cardiovascular Procedures	

93797	The healthcare professional monitors the patient as he/she exercises and reviews the diet in the patient's presence. The patient works out without an ECG monitor.
93798	The healthcare professional monitors the patient as he/she exercises and reviews the diet in the patient's presence. The patient works out while attached to an ECG monitor.
93799	This code can be used to report novel or uncommon cardiovascular services or treatments that are not yet assigned a code.