

ENDOMYOCARDIAL BIOPSY WITH RIGHT HEART  
CATHETERIZATION

Date of origin: Dec. 26, 2024

Review dates: None yet recorded

**APPLIES TO**

- Commercial
- Medicare follows CMS unless otherwise stated
- Medicaid follows MDHHS unless otherwise stated

**DEFINITION**

- **Endomyocardial biopsy** – Removal of a small piece of the heart for examination which is done through a catheter that is threaded into the heart.
- **Cardiac catheterization** – An introduction and positioning of a catheter in the heart to assess cardiac function and structure, for diagnosis, treatment planning or to assess therapy. This assessment may include measurement of intracardiac and intravascular pressures and determination of cardiac output.

**FOR MEDICARE**

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get additional details on PSOD [in our Provider Manual](#).

**POLICY SPECIFIC INFORMATION****Coding specifics**

**93505** – Endomyocardial biopsy

**93451** - Right heart catheterization (RHC) including measurement(s) of oxygen saturation and cardiac output, when performed

- RHC bundles with Endomyocardial biopsies; code selection should be based on the main purpose of the procedure.
- Modifiers should **only** be applied if documentation supports bundled service is separately distinct.
- RHC or selective catheterization shouldn't be reported for intravascular placement of catheters into the right ventricle as this is required to perform the endomyocardial biopsy.
- Some services are considered integral to defined procedures based on standards of medical/surgical practice. These integral services shouldn't be reported separately.

**Place of service**

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. [Get more information](#).

**Documentation requirements**

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the provider. In addition, the provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Documentation requirements may include:

- Notation of medical necessity to fully support the procedure(s) performed
- A report of procedure and interpretation of each procedure performed
- Documentation of medical decision making if procedures aren't performed
- Signatures. Unsigned documentation is considered incomplete and will be denied.

## Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. Get more information on modifier use [in our Provider Manual](#).

- 59 – Distinct procedural service
- XE – Separate encounter
- XS – Separate Practitioner
- XU – Unusual non-overlapping service
- 26 – Professional component
- TC – Technical component

Note: [See specific criteria from CMS](#) that must be met in order to properly use modifier 59, XE, XS or XU.

## Definitions (if applicable)

### Standards of medical/surgical practice

The component service is:

- An accepted standard of care when performing the comprehensive service
- Usually necessary to complete the comprehensive service
- Not a separately distinguishable procedure when performed with the comprehensive service

### Distinct procedural service

An independent service from another service performed the same day:

- Different session
- Different site or organ system
- Separate lesion or injury
- Separate incision

## Resources

- [OIG report: Hospitals nationwide generally did not comply with Medicare requirements for billing outpatient right heart catheterizations with heart biopsies](#) (OIG)
- [Cardiac Catheterization and Coronary Angiography – L33557](#) (CMS)
- [Medicare NCCI 2023 Coding Policy Manual – Chapter 11](#) (CMS)
- [Medicare NCCI 2023 Coding Policy Manual – Chapter 1](#) (CMS)

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## CHANGE / REVIEW HISTORY

Date	Revisions made