

CIRCA S-CATH™ Esophageal Temperature Probe

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Indications for Use: The CIRCA S-CATH Esophageal Temperature Probe is intended for continuous temperature monitoring. The radiopaque probe is designed for placement in the esophagus.

CIRCA Scientific's S-CATH is an advanced esophageal temperature monitoring probe designed to rapidly and accurately detect changes in esophageal temperature, such as those that may occur during cardiac ablation procedures.* Its unique shape is designed to deploy an array of 12 rapid-response temperature sensors throughout the length and width of the esophagus, enabling physicians to adjust their strategy to minimize excessive heating or cooling of the esophagus.

There is no additional reimbursement for the use of the CIRCA S-CATH beyond the APC payment for the procedure in which it is used. However, for tracking purposes, it is important to ensure all costs¹ are captured for future Medicare Outpatient Prospective Payment System² (OPPS) rate-setting purposes. Therefore, it is appropriate to report the following code for the use of the CIRCA S-CATH in the hospital outpatient setting:

HCPCS Code	Description
C1889	Implantable/insertable device, not otherwise classified

Note: No additional reimbursement is received for the use of C1889.

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Select Facility and Physician Coding

The CIRCA S-CATH Esophageal Temperature Probe may be used in hospital outpatient or inpatient procedures such as those listed below. Please note that the provider is solely responsible for ensuring these codes are relevant to the procedures provided based on medical necessity and documentation (see complete disclaimer below).

Hospital Outpatient

APC Code	Description
5213	Level 3 EP Procedure - Hospital Outpatient

Note: Report C1889 for use of CIRCA S-CATH. No additional reimbursement is received for the use of C1889.

Physician

CPT® Code ³	Description
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation.

Hospital Inpatient

MS-DRG	Description
273	Percutaneous Intracardiac Procedures w/ MCC
274	Percutaneous Intracardiac Procedures w/o MCC

Note: C-Codes are generally not reported in an inpatient setting. However, the hospital may use C1889 or another charge master assigned code for internal tracking purposes.

*Note: The S-CATH may be used in a variety of procedures that benefit from continuous temperature monitoring of the esophagus. This reimbursement guide provides an example of procedures in which the S-CATH is used.

Please note, providers, not CIRCA Scientific or EBGA, are solely responsible for ensuring compliance with Medicare, Medicaid and all other third party payor requirements as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims providers should confirm individual payor requirements and coverage/medical policies. The information provided in this reimbursement guide is not legal or coding advice, it is general reimbursement information for reference purposes only. It is important to note that CIRCA Scientific and EBGA provide information obtained from third party authoritative sources and such sources are subject to change without notice, for example, Medicare/Medicaid updates (bulletins, manuals, program memoranda, medlearn articles, local coverage determinations, local coverage articles, local medical review policies, national coverage determinations, reimbursement laws and regulations), society coding guidance and payor local medical review policies. This information may not be all-inclusive and changes may have occurred subsequent to publication of this guide.

¹ Medicare sets new hospital OPPS rates using hospital claims and cost data. The use of a C-code to report a device is one mechanism to capture device cost data for a procedure. However, C-codes are not required for all device products, instead the device expense may be included in the appropriate revenue code.

² <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HospitalOutpaysysfctsht.pdf>

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