

The Short Version

CARDIOVERSION – Z437

- (electrical and/or chemical) – max. of 3 sessions per patient, per day.....\$92.45

Interpretation (Schedule of Benefits p J9)

1. **you can bill a specific billing code for a chemical OR electrical cardioversion** (eg if you use adenosine in SVT or procainamide or amiodarone for an a.fib patient and they convert, add this code)

2. **this code is in addition to the assessment code (H or G395 – not G521).** In most cases this would be a G395/G391 (other critical care) code for patients with arrhythmia who require emergency cardioversion.

Documentation

- **total time spent** with the patient (consec/non-consec) and **time of procedures**
- If G codes **are** used – add any weekend or night modifiers (**H112/H113**)
- If G codes **not** used, add time modifiers for the cardioversion itself (**E412/E413**)

Example 1:

Case: Monday 2pm - 52 male, new onset **rapid afib**.. You spend a total of 20 mins with him.

ED Care: Given **diltiazem IV** (rate control) then **1 g procainamide** over 30 mins.

Document: Times **devoted to patient care** (20 min.) + **Procedure Time**

Blue Sheet Coding:

- **G395 (56.80)** – 1st ¼ hour other critical care
- **G391 (28.35)** – next ¼ hour other critical care
- **Z437 (92.45)** – cardioversion (chemical)

Total = \$177.60
Had you billed H103
this would have been
\$35.65!

Example 2:

Case: Sat 3pm - 65 female, recurrence of **paroxysmal rapid afib** appropriate for cardioversion

ED Care: Given **metoprolol IV** (rate control), then **DC cardioversion** with assist of Doc 2

Document: **Doc 1** - Times **devoted to patient care** (25 min.) + **Procedure Time** + **Doc 2** - **sedation times**

Blue Sheet Coding:

Doc 1	- G395 (56.80)	- 1 st ¼ hour other critical care
	- G391 (28.35)	- next ¼ hour x 1 (you provided 25 mins total)
	- Z437A (92.45)	- cardioversion (electrical – same code as chemical)
	- H113 (19.20)	- weekend modifier for G code

Doc 2 - **Z437C + 2 time units + E400C** (* refer to sedation bulletin)