

Note: Should you have landed here as a result of a search engine (or other) link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to download the files unless you read, agree to, and abide by the provisions of the copyright statement. Read the copyright statement now and you will be linked back to here.

Contractor's Policy Number

00-04-R3

Contractor's Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Cardiovascular Stress Testing

AMA CPT Copyright Statement

CPT codes, descriptions, and other data only are copyright 1999 American Medical Association (or such publication of CPT). All rights reserved. Applicable FARS/DFARS clauses apply.

CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy

statements, including Local Medical Policy coverage guidelines

- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

CMS Region

Region III

CMS Consortium

Northeast

Original Policy Effective Date

06/26/2000

Original Policy Ending Date

Revision Effective Date

10/01/2003

Revision Ending Date

LMRP Description

Cardiovascular stress testing includes non-invasive diagnostic tests, which are useful in the evaluation of patients for several types of heart disease.

Cardiovascular stress testing utilizes cardiac physiological monitoring (including EKG, B/P, HR, etc) during and after stress, with or without subsequent cardiac imaging (such as echocardiography or nuclear cardiac imaging). A diseased heart responds abnormally, allowing the physician monitoring the test to make a diagnostic determination.

Exercise stress testing is considered the standard of care for most patients when cardiovascular stress testing is indicated. Exercise may be in the form of a treadmill, bicycle, or other exercise method. Pharmacologic agents may be used in lieu of exercise in selected clinical circumstances. The pharmacologic agents typically utilized for cardiovascular stress testing include Dobutamine and Arbutamine Dipyridamole or Adenosine may be used when nuclear cardiac imaging is performed.

Cardiovascular stress testing is considered adjunctive to the history and physical examination in the diagnosis and treatment of the patient who has known or suspected heart disease.

Indications and Limitations of Coverage and/or Medical Necessity

Covered indications for cardiovascular stress testing include the following:

- Evaluation of patients with signs or symptoms of Coronary Artery Disease(CAD),
- Evaluation of the prognosis and/or severity of known CAD, valvular, congenital, and/or myocardial disease,
- Evaluation of functional capacity in persons with known CAD, valvular, congenital, and/or myocardial disease,
- Evaluation of the effects of therapy/interventions in persons with CAD, valvular, congenital and/or myocardial disease,
- Evaluation and exercise prescription for patients entering cardiac rehabilitation,
- Evaluation of patients with known or suspected exercise-induced arrhythmias, and;
- Identification of appropriate settings in patients with rate-adaptive pacemakers.

Pharmacologic cardiovascular stress testing is indicated when the patient is unable to exercise adequately. Documentation in the patient's record must clearly indicate why the patient cannot undergo exercise stress testing.

Pharmacologic stress testing may not be used to determine functional capacity or cardiac exercise prescription.

When cardiovascular stress testing is performed in conjunction with other cardiac diagnostic tests (including echocardiography and nuclear medicine studies), the general rules of this policy apply. For details of coverage of those other cardiac diagnostic tests, refer to their specific coverage policies. Only the most appropriate test(s) necessary to determine information should be performed.

Cardiac stress testing must be performed with the physician actually present during the entire procedure.

CPT/HCPCS Section & Benefit Category

Medicine/Cardiology

HCPCS Codes Level II

Type of Bill Code

11X, 12X, 18X, 21X (No HCPCS code required)

13X, 14X, 71X, 85X (HCPCS code required)

Revenue Codes

HCPCS codes 93015, 93016, or 93017 may be billed with revenue code 482, and;

HCPCS code J0150, J0395, J1245, or J1250 may be billed with the following revenue code

- 250 for bill types 11X, 12X, 18X, 21X, and;
- 636 for bill types 13X, 14X, 71X, 85X

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

93015© Cardiovascular Stress Test

93016© Cardiovascular Stress Test

93017© Cardiovascular Stress Test

93018© Cardiovascular Stress Test

J0150 Injection, Adenosine, 6 mg

J0151 Injection, Adenosine, 90 mg

J1245 Injection Dipyridamole, per 10 mg

J1250 Injection, Dobutamine, per 250 mg

J3490 Unclassified drug

© CPT American Medical Association

Not Otherwise Classified (NOC)

ICD-9 Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

Covered for:

394.0- 394.2	Diseases of mitral valve
395.0- 395.2	Diseases of aortic valve
396.0- 396.3	Diseases of mitral and aortic valves
396.8	Multiple involvement of mitral and aortic valves
402.10- 402.11	Benign hypertensive heart disease
402.90- 402.91	Unspecified hypertensive heart disease
410.00- 410.02	Acute myocardial infarction of anterolateral wall

410.10- 410.12	Acute myocardial infarction of other anterior wall
410.20- 410.22	Acute myocardial infarction of inferolateral wall
410.30- 410.32	Acute myocardial infarction of inferoposterior wall
410.40- 410.42	Acute myocardial infarction of other inferior wall
410.50- 410.52	Acute myocardial infarction of other lateral wall
410.60- 410.62	Acute myocardial infarction, true posterior wall
410.70- 410.72	Acute myocardial infarction, subendocardial
410.80- 410.82	Acute myocardial infarction of other specified sites
411.0	Post myocardial infarction syndrome
411.1	Intermediate coronary syndrome
411.81	Acute coronary occlusion without myocardial infarction
411.89	
413.0- 413.1	Angina pectoris
413.9	Other and unspecified angina pectoris
414.00- 414.05	Coronary atherosclerosis
414.06	Of coronary artery of transplanted heart
414.10	Aneurysm of heart (wall)
414.11	Aneurysm of coronary vessels
414.12	Dissection of coronary artery
414.19	Of aneurysm of heart
414.8	Other specified forms of chronic ischemic heart disease

Note: Use this code to report those patients with a strong clinical suspicion of silent ischemia

424.0-	
424.3	Valve disorders
424.0-	
425.5	Cardiomyopathy
425.7-	
425.9	
426.0	Atrioventricular block, complete
426.12-	
426.13	Mobitz (type)II and other second degree atrioventricular block
426.2-	
426.4	Bundle branch block; left hemiblock, left other, right bundle branch
426.50-	
426.54	Bundle branch block, other and unspecified
426.6	Other heart block
427.1	Paroxysmal ventricular tachycardia
427.31-	
427.32	Atrial fibrillation and flutter
427.41-	
427.42	Ventricular fibrillation and flutter
427.69	Ventricular premature beats
428.0	Congestive heart failure, unspecified
428.1	Left heart failure
428.20	Systolic heart failure, unspecified
428.21	Systolic heart failure, acute
428.22	Systolic heart failure, chronic
428.23	Systolic heart failure, acute or chronic
428.30	Diastolic heart failure, unspecified
428.31	Diastolic heart failure, acute
428.32	Diastolic heart failure, chronic

428.33	Diastolic heart failure, acute or chronic
428.40	Combined systolic and diastolic heart failure, unspecified
428.41	Combined systolic and diastolic heart failure, acute
428.42	Combined systolic and diastolic heart failure, chronic
428.43	Combined systolic and diastolic heart failure, acute or chronic
428.9	
429.2	Cardiovascular disease, unspecified
429.5-	Ill-defined descriptions and complications of heart disease
429.6	
429.71	Acquired cardiac septal defect
429.81	Other disorders of papillary muscle
780.2	Syncope and collapse
786.02	Orthopnea
786.05	Shortness of breath
786.09	
789.50-	Chest pain
786.51	
794.31	Abnormal electrocardiogram
996.72	Other complications of cardiac device or graft
996.83	Complications of transplanted heart
V15.1	Personal history of surgery to heart and great vessels
V42.1	Heart replaced by transplant
V42.2	Heart valve replaced by transplant
V42.6	Lung replaced by transplant
V43.3	Heart valve replaced by other means
V45.01	Post surgical status: cardiac pacemaker
	Note: Use this diagnosis code only for the rate-adaptive pacemakers
V45.81-	Postsurgical status: aortocoronary bypass and percutaneous transluminal coronary angioplasty status
V45.82	

V72.81 Preoperative cardiovascular examination

Note: Use this diagnosis code only for high-risk patients and high-risk surgeries.

Diagnoses that Support Medical Necessity

As listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

ICD-9 Codes that DO NOT Support Medical Necessity

Any diagnosis codes not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

Diagnoses that DO NOT Support Medical Necessity

Conditions not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

Reasons for Denial

- The service is for screening purposes, including the following:
 - Performed preoperatively for a non-covered surgery,
 - Performed at the request of a third party (e.g., insurance examination or second opinion),
 - Performed for occupational screening,
 - Performed to fulfill hospital admission requirements,
 - Screening for coronary disease (the presence of risk factors alone is not a Medicare-payable indication), and

- Routine follow-up tests for MI, CABG, or PTCA in the absence of symptoms or clinical indications (i.e., annual stress tests are not covered in the absence of individualized clinical indications).

Note: Stress testing for risk stratification purposes following acute myocardial infarction (generally a submaximal test prior to hospital discharge and a maximal test at six weeks following discharge) is not considered to be routine.

- The service is not medically necessary, including the following:
 - Stimulus to motivate changes in lifestyle, e.g., weight loss or exercise programs do not meet the Medicare medical necessity criteria, and;
 - Sports medicine.

Note: This is not meant to include stress testing for prescription and follow-up of the patient in cardiac rehabilitation programs immediately following acute myocardial infarction, PTCA, or coronary artery revascularization surgery.

- All contraindications for cardiovascular stress testing, including the following list:
 - Patients with an immediate acute myocardial infarction (depending on severity of the disease),

Note: Submaximal stress testing of the stable patient at least five days following acute myocardial infarction is not contraindicated.

- Patients suffering from acute myocarditis or pericarditis,

- Patients exhibiting signs of unstable progressive angina at the time of testing, (including the patient who has long periods of angina of fairly recent onset while at rest),
- Patients with rapid ventricular or atrial arrhythmias at the time of the test,
- Patients with decompensated CHF,
- Patients with critical aortic stenosis,
- Patients with high grade (Mobitz II) second- or third-degree heart block,

Note: Second- and third degree atrioventricular blocks are a relative contraindication to stress testing.

- Patients with known severe left main disease, and;
- Acutely ill patients, such as those with infections, hyperthyroidism, or severe anemia.

Non-covered ICD-9 Codes

Any diagnosis codes not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

Non-covered Diagnoses

Conditions not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

Coding Guidelines

- Stress testing is covered only at a frequency appropriate for the patient's condition.
- Stress testing is limited to a hospital inpatient, hospital outpatient, or in a physician directed clinic.
- A 12-lead EKG and/or rhythm strip performed in conjunction with the stress test is not separately reimbursed.
- When reporting HCPC code 93350 (echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording...), the appropriate code from the 93015-93018 series should also be reported to capture the exercise stress portion of the study.
- When codes 93015, 93017, or 93350 are used for a pharmacologic stress test, there is no separate allowance for intravenous access (HCPCS 3600) or infusion (HCPCS 90780-97081). The pharmacologic agents may be billed separately.
- To report this service, use the appropriate HCPCS code,
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis (es) must be present on any claim submitted, and be coded to the highest level of specificity, and;
- The diagnosis codes(s) must be representative of the patient's condition.

Documentation Requirements

- Documentation in the patient's medical record must indicate that the entire procedure was either performed by the physician or under the physician's direct personal supervision. **NOTE:** Direct personal supervision means that the physician must be physically present in the same office suite and immediately available to provide assistance and direction throughout the test.
- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.
- The medical necessity for the procedure must be documented in the patient's medical record.

- When repeating stress tests, the medical record documentation must identify separate clinical indications, regardless of the ICD-9-CM code submitted for the test.

Utilization Guidelines

Medicare will monitor the utilization of this procedure through the Medical Review process.

Other Comments

- The drugs referenced in the “HCPCS Code(s)” and “Indications and Limitations of Coverage” sections of this policy may be used for indications other than pharmacological stress agents with cardiovascular testing. The use of these drugs is not subject to the list of diagnoses listed in the “ICD-9-CM Codes that Support Medical Necessity: section of this policy. The indications for the use of these drugs must be documented in the patient's medical record as well as the appropriate ICD-9-CM code that describes the patient’s condition.
- Stress testing should be conducted by well-trained personnel. Only technicians and physicians familiar with normal and abnormal responses during exercise can recognize or prevent untoward events. Equipment, medications, and personnel trained to provide cardiopulmonary resuscitation (CPR) must be readily available.

Financial Responsibility:

Provider Liable

The provider of the service or the ordering physician must have notified the patient in writing, prior to the service, and obtained a signature verifying Advance Beneficiary Notice. Without prior notice, services denied as not medically necessary cannot be billed to the beneficiary. The provider is liable.

Beneficiary Liable

If there is clear evidence that the beneficiary was issued and signed an Advanced Beneficiary Notice (ABN) prior to the service, the liability rests with the beneficiary. Claims for dates of service prior to January 1, 2003 should contain the condition code 20 and occurrence code 32, with date to signify that an ABN was issued to the beneficiary. Absence of these codes will result in a provider liable determination

Claims for dates of service beginning January 1, 2003 should contain the occurrence code 32 with date to signify that an ABN was issued to the beneficiary. Absence of this code will result in a provider liable determination.

Reference: PM AB-02-168, CR 2415

Sources of Information and Basis for Decision

- TrailBlazer, Part B newsletters, No. 033, June 15, 1999, and No. 028 October 9, 1998
- Texas Medicare Part A newsletter, No. 3-98, October 22, 1998
- Wisconsin Medicare Part B Carrier-Local Medical Review Policy
- Xact Medicare Part B Carrier-Local Medical Review Policy

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Advisory Committee Meeting Date:

Start Date of Comment Period

04/05/2000

End Date of Comment Period

05/05/2000

Start Date of Notice Period

05/26/2000

Revision History

Number	Date	Change
00-04-R3	10/01/2003	Spelling errors corrected.
00-04-R2	01/24/2003	CPT descriptors changed to short descriptor.
00-04-R1	10/01/2002	Addition of new ICD-9 codes per annual update. See bulletin on website for specifics.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT www.marylandmedicare.com

Italicized and or quoted material is excerpted from the American Medical Association *Current Procedural Terminology CPT Codes*, descriptions and other data only are copyrighted 1999 American Medical Association (or such other publication of CPT). All rights reserved. Applicable FARS/DFARS apply.