

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: AUGUST 12, 2004

SUBJECT: BILLING FOR ECHOCARDIOGRAPHY SERVICES

Echocardiography (HCPCS 93303-93350) is a non-invasive technique where pulsed high frequency sound waves are used to locate and study the movements and dimensions of cardiac structures. The sound waves track the motion of the cardiac structures over a period of time.

According to the American College of Cardiology and the American Heart Association (ACC/AHA), while cardiac ultrasound may be applied in different forms (M-mode, two-dimensional, spectral and color flow Doppler imaging), and by two different approaches (transthoracic, transesophageal), all are encompassed in the term echocardiography.

Echocardiography is performed to evaluate specific cardiovascular disorders and for evaluating signs and/or symptoms which may be related to a cardiac disorder. Indications are defined for Transthoracic Echocardiography (TTE) and Transesophageal Echocardiography (TEE).

CareFirst of MD Inc., Medicare Part A Fiscal Intermediary has recently completed data analysis of the use of HCPCS 93303-93350. **A majority of the denials were for noncovered diagnoses** based on our Local Coverage Determination (LCD) Policy Number 03-03. In an effort to reduce the number of denied claims, as well as decrease the intermediary appeal volume, we have included LCDs and coding parameters on our web site. Our web site can be accessed at www.marylandmedicare.com.

Services billed with a diagnosis code that is not listed in the Covered Diagnosis Codes section of this policy will be denied as not medically necessary. The beneficiary will not be held financially liable unless an Advance Beneficiary Notice (ABN) is obtained.

All of the coverage criteria included in the LCD must be met before echocardiography services can be reimbursed by Medicare. Diagnosis (es) must be present on any claim submitted and must be coded to the highest level of specificity. The diagnosis codes(s) must be representative of the patient's condition.

Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (HCPCS 93320, 93321) and Doppler echocardiography color flow velocity mapping (HCPCS 93325) are frequently billed in addition to the codes for echocardiographic imaging. The documentation in the medical record must reflect the medical necessity for providing these services. Documentation should also include the results of these additional studies, including any measurements of flow velocities, etc.

If you have any questions you can contact Patricia Neal, RN at 410-561-4041.

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 AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com