

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 Name

CareFirst of Maryland INC., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LCD Database ID Number

L12914

LCD Title

Echocardiography

Contractor's Determination Number

03-03-R2

AMA/CPT and ADA/CDT 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. CDT-4 codes and descriptions are ©2002

American Dental Association. All rights reserved.

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.
- Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim that lacks the necessary information to process the claim.

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

Oversight Region

Region III

CMS Consortium

Northeast

DMERC Region LCD Covers

N/A

Original Determination Effective Date

06/27/2003

Revision Effective Date

10/01/2004

10/01/2003

Indications and Limitations of Coverage and/or Medical Necessity

Description

Echocardiography 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.

Indications and Limitations

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).

Ventricular Function and Cardiomyopathies

TTE can measure and record changes in myocardial thickness (hypertrophy and thinning), changes in chamber volume and form, and define limits of contractility. TTE can measure the response to volume changes following chronic excessive pressure and/or therapeutic interventions, as well as recognize myocardial and valvular function changes. TTE serves as a diagnostic aid to classify myopathies as hypertrophic, dilated or restrictive. Normal systolic function and/or ventricular hypertrophy in individuals with signs and/or symptoms suggestive of ventricular dysfunction may suggest the presence of diastolic functional abnormalities.

TTE is only one method for evaluating ventricular function. Alternative methods include left ventricular angiography (from cardiac catheterization), gated blood pool scans (from nuclear cardiology), and some of the newer CT and MRI techniques. In most cases, only one method of assessment is needed and this should be the most cost-effective method to answer the clinical question being investigated. TTE assessment of left ventricular function is generally considered preferable to TEE.

Hypertensive Cardiovascular Disease

TTE may be indicated in individuals with hypertension who have clinical evidence of heart disease. TTE may monitor changes in the left ventricle which might indicate the need for long-term antihypertensive therapy.

Acute Myocardial Infarction and Coronary Insufficiency

TTE may detect myocardial ischemia and/or complications of acute infarction

such as ventricular dysfunction, mural thrombi, papillary muscle dysfunction and rupture, septal defects, true or false aneurysm and myocardial rupture.

Exposure to Cardiotoxic Agents (Chemotherapeutic and External)

TTE is used to monitor changes in myocardial contractility for patients during treatment with therapeutic agents with known myocardial toxicity. Examples of such agents include, but are not limited to Doxorubicin, Rubramycin, and Adriamycin. TTE may be indicated in selected patients who are expected to receive, or have received, such cardiotoxic chemotherapeutic agents.

It is not expected that all patients who undergo treatment with such drugs will receive echocardiography. Payment for echocardiography for persons receiving chemotherapy is limited to the following patients:

Patients who have developed signs and/or symptoms of cardiac toxicity
Patients with known or suspected compromise of cardiac function prior to treatment with such drugs in whom further deterioration of function due to chemotherapy is anticipated.

Patients with known or suspected compromise of cardiac function prior to treatment with such drugs for whom the choice of chemotherapeutic agents will potentially be influenced by the outcome of the echocardiogram.

Patients who are expected to receive certain chemotherapeutic agents that are known to be especially toxic when given in combination.

Cardiac Transplant and Rejection Monitoring

TTE evaluation is an integral part of the cardiac donor selection and donor recipient matching process by monitoring ventricular function and valvular performance.

TTE will determine myocardial thickness, refractile properties, contractile patterns and indices, restrictive hemodynamics, and the late development of pericardial fluid which may indicate possible rejection.

Intraoperative TEE is appropriate in heart-lung transplants where the integrity and

morphology of the pulmonary vascular anastomoses are critical. Routine TEE for patients undergoing cardiopulmonary bypass is not supportable.

Native Valvular Heart Disease

TTE is the appropriate technique for evaluation of valvular pathology. The image created by TTE defines the valve and valvular apparatus which provides information for therapeutic options, especially interventions for mitral stenosis. Serial assessment by non-invasive TTE is preferable to serial assessment by relatively invasive TEE. However, TEE may be indicated prior to planned valvular repair surgery to more precisely determine the valvular anatomy and also during the actual surgical procedure to repair the valve or valves.

Prosthetic Heart Valves (Mechanical and Bio-Prostheses)

TTE provides diagnostic functional information for valvular pathology and may be indicated after a prosthetic valve implant to define the size, position, underlying ventricular function and concomitant valve pathologies. In some patients, acoustical shadowing may affect data acquisition. TEE is appropriately considered when prosthetic dysfunction is suspected or therapeutic decisions are pivotal and data is inconclusive. TEE is not routinely indicated in all patients with prosthetic valves.

Acute Endocarditis

TTE provides diagnostic information pertaining to valvular pathology, the infective process and ventricular function. TTE affords non-invasive serial assessment and is generally better able to define the consequences of the infective valvular process on ventricular function. A TEE may be medically necessary to provide supplemental diagnostic information following a TTE if therapeutically relevant, e.g., when the suspicion of endocarditis is high (persistent febrile state, negative cultures, preexistent valvular pathology) and TTE does not document endocarditis, TEE may define small vegetative masses and more completely delineate local complications (e.g., ring abscesses, aneurysm, fistulae).

Pericardial Disease

TTE can demonstrate the hemodynamic consequences of pericardial fluid accumulation on cardiac motion and blood flow patterns. TTE can be a valuable adjunct during the removal of pericardial fluid and creation of pericardial windows by balloon techniques. TTE lacks the necessary specificity and sensitivity to be reliable in the detection of chronic pericardial constriction. TEE does not provide any additional information above that which is provided by TTE in the assessment and management of pericardial pathology.

Aortic Pathology

TTE can provide valuable information when acute or chronic aortic pathology is present. TTE is indicated for investigation of aortic ulceration, atherosclerotic plaque and mural thrombotic material. TEE may be appropriate to search for and define remediable aortic lesions if embolic episodes are repetitive and focused aortic surgical intervention is contemplated. Because of the posterior position of the thoracic aorta and the image span of the TEE window, the TEE is a more definitive study of aortic dissection and aneurysm than TTE. In suspected aortic trauma or dissection, the application of bedside TEE is frequently considered the diagnostic study of choice.

Congenital Heart Disease

TTE provides accurate anatomic definition of most congenital heart disease in children and small adults. Coupled with Doppler hemodynamic measurements, TTE usually provides accurate diagnosis and non-invasive serial assessment. A technically adequate TTE can obviate the need for preoperative catheterization in select individuals. In postoperative patients with fibrosis, echo opaque patches and prostheses, TTE may produce incomplete data due to inadequate penetration and acoustical shadowing. When TTE is technically inadequate or anatomic definition incomplete, TEE may be considered.

Suspected Cardiac Thrombi and Embolic Sources

TTE is particularly sensitive in the detection of ventricular thrombi and potential embolic material. Limited visualization of the atria render TTE less sensitive in the detection of atrial thrombus, therefore, TEE may be preferred. In patients with cardiac pathology associated with a high incidence of thromboembolism (valvular

heart disease, arrhythmias - especially atrial fibrillation, cardiomyopathies and other causes of ventricular dysfunction), the information provided by TEE must have therapeutic relevance to alter therapy or change the clinical outcome to support medical necessity. A negative TTE or TEE examination does not exclude a cardiac embolus and the finding of thrombus or vegetation does not establish a cardiac embolic source.

Cardiac Tumors and Masses

TTE can visualize, assess and measure infiltrative and ventricular tumors and masses of the right atrium. TEE provides a more detailed view of the left atrium and is more sensitive in defining mass characteristics (solid, cystic, etc.) extensions and attachments.

Critically Ill and Trauma Patients

Echocardiography is appropriate for the management of critically ill patients. When TTE fails to provide adequate visualization (COPD, ventilator patient), TEE may provide diagnostic information and affect treatment management. A persistent unexplained fever, a reasonable probability of remediable aortic, cardiac or central pulmonary vascular pathology or inadequately defined volume status is among the accepted indications for echocardiography.

Coverage Topic

Diagnostic Tests and X-Rays
Outpatient Hospital Services

Bill Type Codes

13X, 14X

Revenue Codes

48X

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:

- 93303 © Echo transthoracic
- 93304 © Echo transthoracic
- 93307 © Echo exam of heart
- 93308 © Echo exam of heart
- 93312 © Echo transesophageal
- 93313 © Echo transesophageal
- 93314 © Echo transesophageal
- 93315 © Echo transesophageal
- 93316 © Echo transesophageal
- 93317 © Echo transesophageal
- 93318 © Echo transesophageal intraop
- 93320 © Doppler echo exam, heart
- 93321 © Doppler echo exam, heart
- 93325 © Doppler color flow add-on

© CPT American Medical Association

Does the “CPT 30% Coding Rule” Apply?

N/A

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

Medicare is establishing the following limited coverage for HCPCS codes 93303, 93304, 93315, 93316, and 93317:

Covered for:

- 745.0 Bulbus cordis anomalies and anomalies of cardiac septal closure,
common truncus
- 745.10 Complete transposition of great vessels
- 745.11 Double outlet right ventricle
- 745.12 Transposition of great vessels
- 745.19 Other transposition of great vessels
- 745.2 Tetralogy of Fallot
- 745.3 Common ventricle
- 745.4 Ventricular septal defect
- 745.5 Other cardiac defects
- 745.60 Endocardial cushion defect, unspecified type
- 745.61 Endocardial cushion defects, ostium primum defect
- 745.69 Other congenital endocardial cushion defect
- 745.7 Cor biloculare
- 745.8 Other anomalies
- 745.9 Unspecified congenital anomalies of the heart
- 746.00 Pulmonary valve anomaly, unspecified
- 746.01 Atresia congenital
- 746.02 Stenosis, congenital
- 746.09 Other congenital anomalies of pulmonary valve
- 746.1 Tricuspid atresia and stenosis, congenital
- 746.2 Ebstein's anomaly
- 746.3 Congenital stenosis of aortic valve
- 746.4 Congenital insufficiency of aortic valve
- 746.5 Congenital mitral stenosis

- 746.6 Congenital mitral insufficiency
- 746.7 Hypoplastic left heart syndrome
- 746.81 Subaortic stenosis
- 746.82 Cor triatriatum
- 746.83 Infundibular pulmonic stenosis
- 746.84 Obstructive anomalies of heart, not elsewhere classified
- 746.85 Coronary artery anomaly
- 746.87 Congenital malposition of heart and cardiac apex
- 746.89 Other specified congenital anomaly of heart
- 747.0 Patent ductus arteriosus
- 747.10 Coarctation of aorta (preductal) (postductal)
- 747.11 Interruption of aortic arch
- 747.20 Anomaly of aorta, unspecified
- 747.21 Anomalies of aortic arch
- 747.22 Atresia and stenosis of aorta
- 747.29 Other congenital anomaly of aorta
- 747.3 Congenital anomalies of pulmonary artery
- 747.40 Anomaly of great veins, unspecified
- 747.41 Total anomalous pulmonary venous connection
- 747.42 Partial anomalous pulmonary venous connection
- 747.49 Other congenital anomalies of great veins
- 759.3 Situs inversus
- 759.82 Marfan syndrome

Medicare is establishing the following limited coverage for codes 93307, 93308, 93320, 93321, and 93325:

Covered for:

- 074.21 Coxsackie pericarditis
- 074.22 Coxsackie endocarditis

- 074.3 Hand, foot, and mouth disease
- 086.0 Chagas' disease with heart involvement
- 088.81 Lyme disease
- 093.0 Cardiovascular syphilis, aneurysm or aorta, specified as syphilitic
- 093.1 Cardiovascular syphilis, syphilitic aortitis
- 093.21 Cardiovascular syphilis, syphilitic endocarditis, mitral valve
- 093.22 Cardiovascular syphilis, syphilitic endocarditis, aortic valve
- 093.23 Cardiovascular syphilis, syphilitic endocarditis, tricuspid valve
- 093.24 Cardiovascular syphilis, syphilitic endocarditis, pulmonary valve
- 093.81 Cardiovascular syphilis, syphilitic pericarditis
- 093.82 Cardiovascular syphilis,, syphilitic myocarditis
- 098.84 Gonococcal endocarditis
- 112.81 Candidal endocarditis
- 115.03 Infection by histoplasma capsulatum, pericarditis
- 115.04 Infection by histoplasma capsulatum, endocarditis
- 115.13 Infection by histoplasma duboisii, pericarditis
- 115.14 Infection by histoplasma duboisii, endocarditis
- 130.3 Myocarditis due to toxoplasmosis
- 135 Sarcoidosis
- 164.1 Malignant neoplasm of heart
- 198.8 Secondary malignant neoplasm of other specified sites
- 212.7 Benign neoplasm of heart
- 238.8 Neoplasm of uncertain behavior of other specified sites
- 239.8 Neoplasm of unspecified nature of other specified sites
- 275.0 Disorders of iron metabolism
- 276.5 Volume depletion
- 277.3 Amyloidosis
- 391.0 Acute rheumatic pericarditis
- 391.1 Acute rheumatic endocarditis
- 391.2 Acute rheumatic myocarditis

- 391.8 Other acute rheumatic heart disease
- 392.0 Rheumatic chorea with heart involvement
- 393 Chronic rheumatic pericarditis
- 394.0 Mitral stenosis
- 394.1 Rheumatic mitral insufficiency
- 394.2 Mitral stenosis with insufficiency
- 395.0 Rheumatic aortic stenosis
- 395.1 Rheumatic aortic insufficiency
- 395.2 Rheumatic stenosis with insufficiency
- 396.0 Mitral valve stenosis and aortic valve stenosis
- 396.1 Mitral valve stenosis and aortic valve insufficiency
- 396.2 Mitral valve insufficiency and aortic valve stenosis
- 396.3 Mitral valve insufficiency and aortic valve insufficiency
- 396.8 Multiple involvement of mitral and aortic valves
- 397.0 Diseases of tricuspid valve
- 397.1 Rheumatic diseases of pulmonary valve
- 398.0 Rheumatic myocarditis
- 398.91 Rheumatic heart failure (congestive)
- 401.0 Essential hypertension, malignant
- 402.00 Malignant hypertensive heart disease without heart failure
- 402.10 Benign hypertensive heart disease without heart failure
- 402.90 Unspecified hypertensive heart disease without heart failure
- 404.00 Malignant hypertensive heart and renal disease without mention of heart failure or renal failure
- 404.10 Benign hypertensive heart and renal disease without mention of heart failure or renal failure
- 404.90 Unspecified hypertensive heart and renal disease without mention of heart failure or renal failure

- 405.01 Secondary renovascular hypertension, malignant
- 410.00 Acute myocardial infarction; of anterolateral wall, episode of care unspecified
- 410.01 Acute myocardial infarction, of anterolateral wall, initial episode of care
- 410.02 Acute myocardial infarction, of anterolateral wall, subsequent episode of care
- 410.10 Acute myocardial infarction, of other anterior wall, episode of care unspecified
- 410.11 Acute myocardial infarction, of other anterior wall, initial episode of care
- 410.12 Acute myocardial infarction, of other anterior wall, subsequent episode of care
- 410.20 Acute myocardial infarction, of inferolateral wall, episode of care unspecified
- 410.21 Acute myocardial infarction, of inferolateral wall, initial episode of care
- 410.22 Acute myocardial infarction, of inferolateral wall, subsequent episode of care
- 410.30 Acute myocardial infarction of inferoposterior wall, episode of care unspecified
- 410.31 Acute myocardial infarction of inferoposterior wall, initial episode of care
- 410.32 Acute myocardial infarction of inferoposterior wall, subsequent episode of care
- 410.40 Acute myocardial infarction of other inferior wall, episode of care

unspecified

410.41 Acute myocardial infarction of other inferior wall, initial episode of care

410.42 Acute myocardial infarction of other inferior wall, subsequent episode of care

410.50 Acute myocardial infarction of other lateral wall, episode of care unspecified

410.51 Acute myocardial infarction of other lateral wall, initial episode of care

410.52 Acute myocardial infarction of other lateral wall, subsequent episode of care

410.60 Acute myocardial infarction of posterior wall, episode of care unspecified

410.61 Acute myocardial infarction of posterior wall, initial episode of care

410.62 Acute myocardial infarction of posterior wall, episode of care unspecified

410.70 Acute myocardial infarction, subendocardial infarction, subsequent episode of care

410.71 Acute myocardial infarction, subendocardial infarction, initial episode of care

410.72 Acute myocardial infarction, subendocardial infarction, subsequent episode of care

410.80 Acute myocardial infarction of other specified sites, episode of care unspecified

- 410.81 Acute myocardial infarction of other specified sites, initial episode of care
- 410.82 Acute myocardial infarction of other specified sites, subsequent episode of care
- 411.0 Postmyocardial infarction syndrome
- 411.1 Intermediate coronary syndrome
- 411.81 Coronary occlusion without myocardial infarction
- 411.89 Other acute and subacute form of ischemic heart disease
- 413.0 Angina decubitus
- 413.1 Prinzmetal angina
- 413.9 Other and unspecified angina pectoris
- 414.00 Coronary atherosclerosis, of unspecified type of vessel, native or graft
- 414.01 Coronary atherosclerosis, of native coronary artery
- 414.02 Coronary atherosclerosis, of autologous vein bypass graft
- 414.03 Coronary atherosclerosis, of nonautologous biological bypass graft
- 414.05 Coronary atherosclerosis, of artery bypass graft
- 414.06 Coronary atherosclerosis, of native coronary artery of transplanted heart
- 414.07 Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart
- 414.10 Aneurysm of heart (wall)
- 414.11 Aneurysm of coronary vessels
- 414.12 Dissection of coronary artery
- 414.19 Other aneurysm of heart
- 414.8 Other specified forms of chronic ischemic
- 415.0 Acute cor pulmonale
- 415.11 Iatrogenic pulmonary embolism and infarction
- 416.0 Primary pulmonary hypertension

- 416.8 Other chronic pulmonary heart diseases
- 420.0 Acute pericarditis in diseases classified elsewhere
- 420.90 Acute pericarditis, unspecified
- 421.0 Acute and subacute bacterial endocarditis
- 421.1 Acute and subacute infective endocarditis in diseases classified elsewhere
- 421.9 Unspecified acute endocarditis
- 422.0 Acute myocarditis in diseases classified elsewhere
- 422.91 Idiopathic myocarditis
- 422.92 Septic myocarditis
- 422.93 Other and unspecified myocarditis
- 423.0 Hemopericardium
- 423.1 Adhesive pericarditis
- 423.2 Constrictive pericarditis
- 423.8 Other specified diseases of pericardium
- 423.9 Unspecified disease of pericardium
- 424.0 Mitral valve disorders
- 424.1 Aortic valve disorders
- 424.2 Tricuspid valve disorders
- 424.3 Pulmonary valve disorders
- 424.90 Endocarditis, valve, unspecified, unspecified cause
- 424.91 Endocarditis in diseases classified elsewhere
- 424.99 Other endocarditis, valve unspecified
- 425.0 Endomyocardial fibrosis
- 425.1 Hypertrophic obstructive cardiomyopathy
- 425.2 Obscure cardiomyopathy of Africa
- 425.3 Endocardial fibroelastosis
- 425.4 Other primary cardiomyopathies
- 425.5 Alcoholic cardiomyopathy
- 425.7 Nutritional and metabolic cardiomyopathy
- 425.8 Cardiomyopathy in other diseases classified elsewhere

- 427.31 Atrial fibrillation
- 427.32 Atrial flutter
- 428.0 Congestive heart failure
- 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
- 429.0 Myocarditis, unspecified
- 429.1 Myocardial degeneration
- 429.2 Cardiovascular disease, unspecified
- 429.3 Cardiomegaly
- 429.4 Functional disturbances following cardiac surgery
- 429.5 Rupture of chordae tendineae
- 429.6 Rupture of papillary muscle
- 429.71 Acquired cardiac septal defect
- 429.79 Other certain sequelae of myocardial infarction, not elsewhere classified
- 429.81 Other disorders of papillary muscle
- 440.20 Atherosclerosis of native arteries of the extremities, unspecified
- 441.00 Dissection of aorta, unspecified site
- 441.01 Dissecting aortic, thoracic
- 441.03 Dissecting aortic, thoracoabdominal

- 441.1 Thoracic aneurysm, ruptured
- 441.2 Thoracic aneurysm, without mention of rupture
- 441.6 Thoracoabdominal aneurysm, ruptured
- 441.7 Thoracoabdominal aneurysm, without mention of rupture
- 446.1 Acute febrile Mucocutaneous Lymph Node Syndrome (MCLS)
- 446.7 Takayasu's disease
- 458.0 Orthostatic hypotension
- 518.4 Acute edema of lung
- 518.5 Pulmonary insufficiency following trauma and surgery
- 518.82 Other pulmonary insufficiency, not elsewhere classified
- 518.83 Chronic respiratory failure
- 518.84 Acute and chronic respiratory failure
- 674.50 Peripartum cardiomyopathy, unspecified as to episode of care or not applicable
- 674.51 Peripartum cardiomyopathy, delivered, with or without mention of x applicable
- 674.52 Peripartum cardiomyopathy, delivered, with mention of postpartum condition
- 674.53 Peripartum cardiomyopathy, antepartum condition or complication
- 674.54 Peripartum cardiomyopathy, postpartum condition or complication
- 674.82 Other complication of puerperium, with delivery, with mention of postpartum complication
- 674.84 Other complication of puerperium, postpartum condition or complication
- 710.0 Systemic lupus erythematosus
- 746.2 Other congenital anomalies of heart, Ebstein's anomaly
- 746.3 Other congenital anomalies of heart, congenital stenosis of aortic valve

- 746.4 Other congenital anomalies of heart, congenital insufficiency of aortic valve
- 746.5 Other congenital anomalies of heart, congenital mitral stenosis
- 746.6 Other congenital anomalies of heart, congenital mitral insufficiency
- 746.7 Other congenital anomalies of heart, hypoplastic left heart syndrome
- 746.81 Subaortic stenosis
- 746.82 Cor triatriatum
- 746.83 Infundibular pulmonic stenosis
- 746.84 Obstructive pulmonic stenosis
- 746.85 Coronary artery anomaly
- 746.86 Congenital heart block
- 746.87 Malposition of heart and cardiac apex
- 746.89 Other specified congenital anomaly of heart
- 747.0 Patent ductus arteriosus
- 747.10 Coarctation of aorta
- 747.11 Interruption of aortic arch
- 747.20 Anomaly of aorta, unspecified
- 747.21 Anomalies of aortic arch
- 747.22 Atresia and stenosis of aorta
- 747.29 Other congenital anomaly of aorta
- 747.3 Congenital anomalies of pulmonary artery
- 747.40 Anomaly of great veins, unspecified
- 747.41 Total anomalous pulmonary venous connection
- 747.42 Partial anomalous pulmonary venous connection
- 747.49 Other congenital anomalies of great veins
- 759.3 Situs inversus
- 759.82 Marfan syndrome
- 780.2 Syncope and collapse

- 780.6 Fever
- 785.2 Undiagnosed cardiac murmurs
- 785.3 Other abnormal heart sounds
- 785.50 Shock, unspecified
- 785.51 Cardiogenic shock
- 785.59 Other shock without mention of trauma
- 790.7 Bacteremia
- 807.4 Flail chest
- 861.01 Injury to heart without mention of open wound into thorax, contusion
- 861.02 Injury to heart without mention of open wound into thorax, laceration without penetration of heart chambers
- 861.03 Injury to heart without mention of open wound into thorax, with penetration of heart chambers
- 861.11 Injury to heart with open wound into thorax, contusion
- 861.12 Injury to heart with open wound into thorax, laceration without penetration of heart chambers
- 861.13 Injury to heart with open wound into thorax, with penetration of heart chambers
- 901.0 Thoracic aorta injury
- 901.2 Superior vena cava injury
- 901.41 Injury to pulmonary artery
- 901.42 Injury to pulmonary vein
- 958.0 Early complication of trauma, air embolism
- 958.1 Early complication of trauma, fat embolism
- 958.4 Traumatic shock
- 960.7 Poisoning by antineoplastic antibiotics
- 962.0 Poisoning by adrenal cortical steroids
- 963.1 Poisoning by antineoplastic and immunosuppressive drugs

- 965.09 Poisoning by opiates and related narcotics, other
- 980.3 Toxic effect of fusel oil
- 986 Toxic effect of carbon monoxide
- 990 Effects of radiation, unspecified
- 994.0 Effects of lightning
- 994.8 Electrocution and nonfatal effects of electric current
- 995.1 Angioneurotic edema not elsewhere classified
- 996.01 Mechanical complication of cardiac device, implant and graft, due to cardiac pacemaker (electrode)
- 996.02 Mechanical complication of cardiac device, implant and graft, due to heart valve prosthesis
- 996.04 Mechanical complication due to automatic implantable cardiac defibrillator
- 996.61 Infection and inflammatory reaction due to cardiac device, implant, and graft
- 996.71 Other complications due to heart valve prosthesis
- 996.83 Complications of transplanted heart
- 997.1 Cardiac complications
- 998.0 Postoperative shock, not elsewhere classified
- 998.51 Infected postoperative seroma
- 999.3 Complications due to medical care, other infection
- 999.4 Complications due to medical care, anaphylactic shock due to serum
- V42.1 Heart replaced by transplant
- V42.2 Heart valve replaced by transplant
- V43.3 Heart valve replaced by other means
- V58.1 Encounter for other and unspecified procedures and after care, chemotherapy

- V58.69 Encounter for other and unspecified procedures and after care, long term
(current) use of other medications
- V58.83 Encounter for other and unspecified procedures and after care, encounter
for therapeutic drug monitoring
- V59.8 Donor of other specified organ or tissue

Medicare is establishing the following limited coverage for codes 93312, 93313, 93314, and 93318:

Covered for:

- 164.1 Malignant neoplasm of heart
- 198.89 Secondary malignant neoplasm of other specified sites
- 212.7 Benign neoplasm of heart
- 238.8 Neoplasm of uncertain behavior of other specified sites
- 239.8 Neoplasm of unspecified nature of other specified sites
- 276.5 Disorders of fluid balance, volume depletion
- 276.6 Disorders of fluid balance, fluid overload
- 391.1 Acute rheumatic myocarditis
- 394.0 Mitral stenosis
- 394.1 Rheumatic mitral insufficiency
- 394.2 Mitral stenosis with insufficiency
- 396.0 Mitral valve stenosis and aortic valve stenosis
- 396.1 Mitral valve stenosis and aortic valve insufficiency
- 396.2 Mitral valve insufficiency and aortic valve stenosis
- 396.3 Mitral valve insufficiency and aortic valve insufficiency
- 397.0 Diseases of tricuspid
- 397.1 Rheumatic diseases of pulmonary valve
- 414.10 Aneurysm of heart (wall)

- 414.11 Aneurysm of coronary vessels
- 414.12 Dissection of coronary artery
- 414.19 Other aneurysm of heart
- 415.0 Acute cor pulmonale
- 415.11 Iatrogenic pulmonary embolism and infarction
- 415.19 Other acute pulmonary heart disease
- 417.0 Arteriovenous fistula of pulmonary vessels
- 417.1 Aneurysm of pulmonary artery
- 421.0 Acute and subacute bacterial endocarditis
- 421.1 Acute and subacute infective endocarditis in diseases classified elsewhere
- 422.91 Idiopathic myocarditis
- 422.92 Septic myocarditis
- 424.0 Mitral valve disorders
- 424.1 Aortic valve disorders
- 424.2 Tricuspid valve disorders, specified as nonrheumatic
- 424.3 Pulmonary valve disorders
- 424.91 Endocarditis in diseases classified elsewhere
- 425.1 Hypertrophic obstructive cardiomyopathy
- 427.31 Atrial fibrillation
- 429.4 Functional disturbances following cardiac surgery
- 429.5 Rupture of chordae tendineae
- 429.6 Rupture of papillary muscle
- 429.71 Acquired cardiac septal defect
- 429.81 Other disorders of papillary muscle
- 440.0 Atherosclerosis of aorta
- 441.01 Dissecting thoracic aortic aneurysm
- 441.03 Dissecting thoracoabdominal aortic aneurysm
- 441.1 Thoracic aneurysm, ruptured
- 441.2 Thoracic aneurysm without mention of rupture

- 441.6 Thoracoabdominal aneurysm, ruptured
- 441.7 Thoracoabdominal aortic aneurysm, without mention of rupture
- 444.1 Embolism and thrombosis of thoracic aorta
- 458.9 Hypotension, unspecified
- 459.2 Compression of vein
- 674.50 Peripartum cardiomyopathy, unspecified as to episode of care or not applicable
- 674.51 Peripartum cardiomyopathy, delivered, with or without mention of antepartum condition
- 674.52 Peripartum cardiomyopathy, delivered, with mention of postpartum condition
- 674.53 Peripartum cardiomyopathy, antepartum condition or complication
- 674.54 Peripartum cardiomyopathy, postpartum condition or complication
- 745.0 Common truncus
- 745.10 Complete transposition of great vessels
- 745.11 Doublet outlet right ventricle
- 745.12 Corrected transposition of great vessels
- 745.19 Other transposition of great vessels
- 745.2 Tetralogy of Fallot
- 745.3 Anomaly of cardiac septal closure, common ventricle
- 745.4 Ventricular septal defect
- 745.5 Ostium secundum type atrial septal defect
- 745.60 Endocardial cushion defect, unspecified type
- 745.61 Endocardial cushion defect, ostium primum defect
- 745.69 Other endocardial cushion defects
- 745.7 Cor biloculare

- 746.00 Pulmonary valve anomaly, unspecified
- 746.01 Atresia, congenital
- 746.02 Pulmonary valve, stenosis, congenital
- 746.09 Other congenital anomalies of pulmonary valve
- 746.1 Tricuspid atresia and stenosis, congenital
- 746.2 Ebstein's anomaly
- 746.3 Congenital stenosis of aortic valve
- 746.4 Congenital insufficiency of aortic valve
- 746.5 Congenital mitral stenosis
- 746.6 Congenital mitral insufficiency
- 746.7 Hypoplastic left heart syndrome
- 746.81 Subaortic stenosis
- 746.82 Cor triatriatum
- 746.83 Infundibular pulmonic stenosis
- 746.84 Obstructive anomalies of heart, not elsewhere classified
- 746.85 Coronary artery anomaly
- 747.0 Patent ductus arteriosus
- 747.10 Coarctation of aorta (preductal)(postductal)
- 747.11 Interruption of aortic arch
- 747.22 Atresia and stenosis of aorta
- 747.29 Other congenital anomalies of aorta
- 747.3 Congenital anomalies of pulmonary artery
- 747.40 Anomaly of great veins, unspecified
- 747.41 Total anomalous pulmonary venous connection
- 747.42 Partial anomalous pulmonary venous connection
- 780.2 Syncope and collapse
- 785.50 Shock, unspecified
- 785.51 Cardiogenic shock
- 785.59 Other shock without mention of trauma
- 958.4 Traumatic shock

996.01	Mechanical complication due to cardiac pacemaker (electrode)
996.02	Mechanical complications due to heart valve prosthesis
996.61	Infection and inflammatory reaction due to cardiac device, implant, and graft
996.71	Other complications due to heart valve prosthesis
996.72	Other complications due other cardiac device, implant, and graft
998.0	Postoperative shock, not elsewhere classified
998.51	Postoperative infection
998.59	Other postoperative infection
999.1	Air embolism as a complication of medical care, not elsewhere classified
V15.1	Personal history of surgery to heart and great vessels, presenting hazards to health
V42.1	Heart replaced by transplant
V42.6	Lung replaced by transplant
V43.3	Heart valve replaced by other means

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon

request.

- By using diagnosis code 427.31, the medical records must reflect one of the following ACC/AHA Guidelines for Clinical Application of Echocardiography:
 - patients requiring urgent (not emergent) cardioversion for whom extended precardioversion anticoagulation is not desirable.
 - patients who have had prior cardioembolic events thought to be related to intra-atrial thrombus.
patients for whom anticoagulation is contraindicated and for whom a decision about cardioversion will be influenced by TEE results.
 - patients for whom intra-atrial thrombus has been demonstrated in previous TEE.
Evaluation of patient for whom a decision concerning cardioversion will be impacted by knowledge of prognostic factors (such as LV function, coexistent mitral valve disease, etc.).
 - patients with atrial fibrillation of <48 hours duration and other heart disease.

Utilization Guidelines

Medicare will monitor the utilization of these codes through the Medical Review process.

Sources of Information and Basis for Decision

- TrailBlazer Local Medical Policy
- PM 0-091, CR 2763, Annual Update of ICD-9-CM Codes

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

03/10/2003

End Date of Comment Period

04/24/2003

Start Date of Notice Period

05/13/2003

Revision History

Number	Date	Change
R2	10/01/2004	Removed ICD-9 codes 427.31, 472.32, 674.50-674.54, 720.0 and 780.2 as they are not appropriate to the policy. CPT descriptors converted to short descriptors. Converted From LMRP to LCD format.
R1	10/01/2003	Annual ICD-9 update. Changes and additions for HCPCS codes 93307, 93308, 93320, 93321 and 93325 are revision of 414.06, of <u>native</u> coronary and addition of 414.07. Addition of new ICD-9 codes 674.50-674.54 to all groups of CPT codes. Corrected ICD-9 codes 074.33 to 704.3 and

093.84 to 098.84.

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.