Cardiology and Cardiovascular Surgery

Policy

Harvard Pilgrim reimburses contracted providers for the provision of cardiology services delivered in settings such as an office or free-standing facility, and for inpatient admissions and outpatient testing performed in a Harvard Pilgrim contracted facility.

Policy Definition

Cardiology is the medical specialty that focuses on the diagnosis and treatment of disorders and diseases of the heart and circulatory system. Services include cardiac stress tests, EKGs, ECGs, echocardiography and cardiac catheterization; specialty services such as nuclear stress testing; and surgical procedures including angioplasty, stent placement, coronary endarterectomy, pacemaker and defibrillator placement, and open-heart surgery.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to Referral, Notification and Authorization for more information.)

HMO/POS/PPO

- A physician’s order is required for outpatient cardiology testing services, including cardiac rehabilitation.
- A physician’s referral is required for specialist services for HMO and in-network POS members.
- Notification is required for inpatient admissions including inpatient cardiac catheterization and angioplasty services. When a member is transferred from one facility to another, the facility performing the procedure is required to separately notify Harvard Pilgrim of the cardiac catheterization or other procedure being performed. (Refer to Emergent/Urgent Admission Notification and Elective Admission Notification for specific requirements.)
- Notification by the ordering physician through National Imaging Associates (NIA) is required for non-emergency, outpatient nuclear cardiology services.

Connecticut Open Access HMO

For the Connecticut Open Access HMO product, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

HMO/POS/PPO

General Cardiology

- Multiple electrocardiograms (ECG/EKGs) per day
- Interpretation of an ECG/EKG associated with Holter or cardiac event monitor
- External counterpulsation (ECP) services
- Transcatheter repair of congenital heart defects

Cardiac Monitoring

- Cardiac event monitors
- Holter monitors
- Trans-telephonic transmission of post-symptom electrocardiograms

Cardiac Stress Tests

- Cardiac stress test components when the service is limited to:
  - Supervision only
  - Tracing only
  - Interpretation and reporting only
- Drug stressors used in conjunction with a stress test when billed with the appropriate HCPCS code
- Cardiac stress tests are reimbursed globally when the services include the following:
  - Treadmill or bicycle exercise
  - Continuous EKG monitoring and/or pharmacological stress with supervision
  - Interpretation and reporting

(continued)
Payment Policies

Professional Surgery

- Cardiac surgery CPT codes in accordance with its standard guidelines for multiple surgical procedures (50% reduction in payment for subsequent procedures reimbursed after the primary procedure) and subject to bundling/unbundling review.
- Medical cardiovascular CPT codes are subject to bundling/unbundling review
- Catheterization (when reimbursable) at 50% of the allowable when cardiac catheterization is performed at the same session as a placement of a stent/circulatory assist and the cardiac catheterization is reimbursable
- Supervision and interpretation of a cardiac catheterization to one physician only (either the cardiologist or the radiologist)

Inpatient Facility

Harvard Pilgrim reimburses inpatient cardiology services according to the facilities contracted rate and methodologies.

Outpatient Facility

Surgical day care services are reimbursed according to the facilities contracted rate and methodologies.

Cardiac Catheterization and Transfer

The transfer of a member from one facility to another for cardiac catheterization or other procedure.

Cardiac Rehabilitation

Cardiac rehabilitation services when ordered by the PCP or participating specialist.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Technical components, billed by the physician unless the physician owns the cardiac catheterization equipment
- Interpretation and report, electrocardiogram when billed with an evaluation and management service
- Rhythm electrocardiogram services when billed with routine electrocardiogram services (also applies to interpretation and report only services)
- Observation services when billed with surgical day care services

Member Cost-Sharing

Services are subject to member out-of-pocket cost share (e.g., copayment, coinsurance, deductible), as applicable.

Provider Billing Guidelines and Documentation

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>75557, 75559, 75561, 75563</td>
<td>Cardiac magnetic resonance imaging, for morphology and function</td>
<td></td>
</tr>
<tr>
<td>75565</td>
<td>Cardiac magnetic resonance imaging for velocity flow mapping</td>
<td></td>
</tr>
<tr>
<td>75571</td>
<td>Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium</td>
<td></td>
</tr>
<tr>
<td>75572-75573</td>
<td>Computed tomography heart with contrast</td>
<td></td>
</tr>
<tr>
<td>75574</td>
<td>Computed tomographic angiography, heart, coronary arteries and bypass grafts, with contrast material, including 3D image post processing</td>
<td></td>
</tr>
<tr>
<td>93000</td>
<td>Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report</td>
<td></td>
</tr>
<tr>
<td>93010</td>
<td>Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only</td>
<td></td>
</tr>
<tr>
<td>93015</td>
<td>Treadmill/bicycle exercise, continuous EKG monitoring and/or pharmacological stress</td>
<td></td>
</tr>
<tr>
<td>93016</td>
<td>Supervision only</td>
<td></td>
</tr>
<tr>
<td>93017</td>
<td>Tracing only</td>
<td></td>
</tr>
<tr>
<td>93018</td>
<td>Interpretation and reporting only</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
### Payment Policies

#### Cardiology and Cardiovascular Surgery (cont.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>93040</td>
<td>Rhythm ECG, one to three leads; with interpretation and report</td>
<td></td>
</tr>
<tr>
<td>93042</td>
<td>Rhythm ECG, one to three leads; interpretation and report only</td>
<td></td>
</tr>
<tr>
<td>93224-93227</td>
<td>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage</td>
<td></td>
</tr>
<tr>
<td>93228-93229</td>
<td>External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days</td>
<td>Reimbursed as of date of service 07/01/2017</td>
</tr>
<tr>
<td>93260</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system</td>
<td></td>
</tr>
<tr>
<td>93261</td>
<td>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system</td>
<td></td>
</tr>
<tr>
<td>93268–93272</td>
<td>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom related memory loop with remote download capability up to 30 days, 24-hour attended monitoring</td>
<td></td>
</tr>
<tr>
<td>93355</td>
<td>Echocardiography, transesophageal (TEE) for guidance of transcatheter intracardiac or great vessel(s) structural intervention(s)(eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and-intra-procedural), real-time image acquisition and documentation, guidance with qualitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D</td>
<td></td>
</tr>
<tr>
<td>93580–93581</td>
<td>Transcatheter repair of congenital heart defects</td>
<td></td>
</tr>
<tr>
<td>93644</td>
<td>Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)</td>
<td></td>
</tr>
<tr>
<td>93702</td>
<td>Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>93895</td>
<td>Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral</td>
<td></td>
</tr>
<tr>
<td>0480–0489</td>
<td>Cardiology services</td>
<td>Use to bill for outpatient cardiology services</td>
</tr>
<tr>
<td>G0166</td>
<td>External counterpulsation (ECP) services</td>
<td></td>
</tr>
</tbody>
</table>

### Other Information

- Bill charges for each type of room on a separate line (i.e., semi-private, private, CCU, ICU, etc.).
- Bill ECP using appropriate revenue code (048X, 073X or 0921) with HCPCS code G0166.
- Bill surgical assists with modifiers 80, 81, 82 or AS in the first modifier field.

### Multiple EKG

- When billing multiple EKGS on the same day, bill on one line using a total unit count.
- When billing EKG recordings/rhythm strips over a 30-day period, use the last date of tracing; claims submitted with a date range will deny for itemization.

### Cardiac Stress Tests

- Bill cardiac stress tests either globally or by component.
- Use appropriate HCPCS codes to bill drugs/contrast agents used in conjunction with stress testing.
Related Policies

- Bilateral Services and CPT Modifier 50 Payment Policy
- Cardiac Rehabilitation Payment Policy
- Cardiovascular Disease Risk Tests Medical Policy
- Cardiac Event Monitors Medical Policy
- Certified Midwives, Nurse Practitioners, and Physician Assistants Payment Policy
- Elective Admission Notification
- Emergent/Urgent Admission Notification
- Inpatient Care Payment Policy
- Non-Covered Services Payment Policy
- Notification Policy
- Nuclear Cardiac Imaging and Myocardial Perfusion Study Payment Policy
- Outpatient Advanced Authorization
- Outpatient Diagnostic Imaging Medical Policy
- Outpatient Facility Fee Schedule Payment Policy
- Outpatient Surgery Payment Policy
- Positron Emission Tomography Scans Payment Policy
- Surgery Payment Policy
- Transplant Payment Policy

PUBLICATION HISTORY

09/01/00  original documentation, Facility Policy
06/01/01  inpatient authorization requirement changed to notification
10/01/01 original documentation, Professional Policy
01/01/02  ECP billing for First Seniority only, Facility Policy
04/01/02  clarified referral requirement; added First Seniority ECP, Professional Policy
04/01/03  annual review; 2003 coding update; ECP reimbursed for all products
01/01/04  Category III Codes added; general cardiac and cardiac rehab reimbursement updated
04/30/04  annual coding review; added NIA notification
01/31/05  annual review; added coverage information for cardiac monitoring services; 0035T-0037T removed
01/01/06  annual coding update
01/31/06  annual review; added CT angiography codes
07/31/07  annual review; removed TC 26 modifier information on cardiac CT scans
07/31/08  annual review; added cardiac MRI codes
01/31/09  annual coding update; added existing non-coverage for lipoprotein subclass testing CPTs and diags
06/15/09  annual review; minor edits for clarity; added “Outpatient Facility Fee Schedule” to related policies
01/15/10  annual coding update
05/15/10  annual review; minor edits for clarity; added Nuclear Cardiac Imaging and Myocardial Perfusion Study to related policies
01/15/11  annual coding update
05/15/11  annual review; added existing non-coverage for lipoprotein subclass testing CPT’s and diags; minor edits for clarity
01/01/12  removed First Seniority Freedom information from header
06/15/12  annual review; no changes
06/15/13  annual review; no changes
06/15/14  annual review; administrative edits; added Connecticut Open Access HMO referral information to prerequisites
01/15/15  annual coding update
06/15/15  annual review; ICD-10 coding update
06/15/16  annual review; administrative edits
06/15/17  annual review; added medical policy links to related policies

1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table may not include all provider claim codes related to cardiology and cardiovascular surgery.