PAYMENT POLICIES

Transthoracic Echocardiography (TTE) Policy

Policy
Transthoracic Echocardiography (TTE) is a standard echocardiogram or cardiac ultrasound. A probe is placed on the patient's thorax and images of the heart are taken through the chest wall. TTE provides a non-invasive assessment of the health of the heart. Harvard Pilgrim reimburses contracted providers for transthoracic echocardiography for covered indications. Harvard Pilgrim Health Care payment policy is consistent with the Centers for Medicare and Medicaid (CMS) LCD Transthoracic Echocardiography policy.

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

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

HMO/POS/PPO
Transthoracic echocardiography when billed with the CPT and ICD-10 codes listed under the “Provider Billing Guidelines and Documentation” section of this policy.

Covered indications for TTE are consistent with CMS LCD and may include, but are not limited to:
- Congenital heart disease

Covered indications for 2D TTE are consistent with CMS LCD and may include, but are not limited to:
- Abnormalities of the great vessels
- Acute endocarditis
- Acute myocardial infarction and coronary insufficiency
- Arrhythmias and palpitations
- Cardiac transplant and rejection monitoring
- Cardiac tumors and masses
- Congenital heart disease
- Critically ill and trauma patients
- Exposure to cardiotoxic agents
- Hypertensive cardiovascular disease
- Native valvular heart disease
- Pericardial disease
- Prosthetic heart valves
- Pulmonary conditions
- Suspected cardiac thrombi and embolic sources
- Syncope
- Ventricular function, cardiomyopathies and heart failure

Harvard Pilgrim Does Not Reimburse
Transthoracic echocardiography when billed with an ICD-10 code not listed below under the “Provider Billing Guidelines and Documentation” section of this policy.

Member Cost-Sharing
Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation
Coding
Transthoracic Echocardiography (TTE) — CPT and ICD-10 covered indications

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93303</td>
<td>Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study</td>
</tr>
<tr>
<td>93304</td>
<td>Transthoracic echocardiography for congenital cardiac anomalies; complete</td>
</tr>
</tbody>
</table>

(continued)
ICD-10 Covered Indications

Transthoracic Echocardiography 2D (2D TTE) — CPT and ICD-10 Covered Indications

CPT Covered Indications

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93306</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography and with color flow Doppler echocardiography</td>
</tr>
<tr>
<td>93307</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</td>
</tr>
<tr>
<td>93308</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study</td>
</tr>
<tr>
<td>93350</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation</td>
</tr>
<tr>
<td>93351</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional</td>
</tr>
</tbody>
</table>

ICD-10 Covered Indications

PUBLICAtIoN HIStoRy

11/15/09 new policy, effective 02/01/10
09/15/10 update to Harvard Pilgrim Reimburses; no changes to coding grids
10/15/10 update to policy statement and added covered diags resulting from 10/1/10 ICD-9/ICD-10 release updates
01/15/11 diag 239.8 requires 5 digits and should be reported as 239.89
10/15/11 annual review; update to covered and non covered indications effective 01/01/12
01/01/12 removed First Seniority Freedom information from header
05/03/12 update to coding grid
09/15/12 annual review; minor edits for clarity
01/15/13 annual coding update
11/15/13 annual review; no changes
06/15/14 added Connecticut Open Access HMO referral information to Prerequisites
08/15/14 added payable diag 446.1 for 2D TTE
11/15/14 annual review; no changes
07/30/15 ICD-10 coding update
11/15/16 annual review; removed M30.3 from covered indications as was added in error
01/15/17 ICD-10 coding update
12/15/17 annual review; no changes
02/01/18 updated Open Access Product referral information under Prerequisites
10/01/18 ICD-10 coding update
12/03/18 annual review; removed ICD-9 indication

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 transthoracic echocardiography services.