

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 [Emergency/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.

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 Reimburses¹

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

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.
- Cardiac rehabilitation for members with established coronary artery disease, or unusual potentially serious risk factors.

Period	Stage	Reason
Up to 12 weeks	Phase II, convalescent	Following hospital discharge
Up to 26 weeks	Phase III, rehabilitation	Risk reduction, illness adjustment, therapeutic exercise

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
- The following will not be reimbursed effective on or after dates of service October 1, 2021:
 - **Cardiac catheterization** when billed with a percutaneous coronary procedure when another cardiac catheterization has been billed in the previous week by any provider.
 - **Automatic implantable cardiac defibrillator (AICD) monitoring services** when billed more than once within three months when the diagnosis is presence of automatic(implantable) cardiac defibrillator.
 - **External MCT or external patient activated ECG event recording** when billed more frequently than once in a six-month period.
 - **Electrocardiograms (ECGs)** when billed in an office setting with a screening or general routine exam for ages 18-65
 - **A complete transthoracic echocardiography** if the same complete echocardiography has been billed within 90 days with the same diagnosis

- **Duplex scans of extracranial arteries** if billed in an office setting for age 18 and older, unless a diagnosis of carotid artery disease is also present.
- **Stress tests:**
 - billed more frequently than once within a six-month period
 - billed within six months of another stress test when ECG/cardiac nuclear imaging procedure has not been billed on the same date of service, or if a coronary intervention has not occurred within six months
- **Stress tests and echocardiography/cardiac nuclear imaging procedure** when billed on the same date and within six months unless there is a significant change in patient's condition
- **Cardiac stress tests (CPT 93015-93018) or stress echocardiography testing (CPT 93350)** for members 18 years of age or older and the only diagnosis is for a general routine exam or screening for cardiovascular disorders.

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

Coding²

Code	Description	Comment
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymph- edema assessment(s)	Not reimbursed
0480-0489	Cardiology services	Use to bill for outpatient cardiology services
0943	Other therapeutic services-Cardiac Rehabilitation	CPT/HCPCS code required; itemized services by date

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

Payment Policies

- Bilateral Services and CPT Modifier 50
- Certified Midwives, Nurse Practitioners, and Physician Assistants
- Inpatient Acute Medical Admissions
- Non-Covered Services
- Outpatient Facility Fee Schedule
- Outpatient Surgery
- Surgery
- Transplant

Clinical Policies

- Cardiovascular Disease Risk Tests
- New Technology Assessment and Non-Covered Services
- Outpatient Advanced Imaging Authorization

Authorization/Notification Policies

- Elective Admission Notification
- Emergent/Urgent Admission Notification
- Notification

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 <i>Connecticut Open Access HMO</i> 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
01/01/18	updated Open Access Product referral information under Prerequisites
6/1/2018	annual review; removed CPT 75571 and 75565 from coding grid
09/10/18	removed the Positron Emission Tomography and the Nuclear Cardiac Imaging and Myocardial Perfusion Study payment policies from the Related Policies section
06/03/19	annual review; no changes
06/01/20	annual review; administrative edits
06/01/21	annual review: updated provider billing guidelines; added New Technology Assessment and Non-Covered Services Medical Policy under related policies
08/01/21	Added non-coverage indications effective for dates of service on or after 10/1/2021 to the Does Not Reimburse section
12/01/21	Added cardiac rehab information, removed archived Cardiac Rehab from 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.