Local Coverage Determination
Coding Guidelines

Contractor Name
Wisconsin Physicians Service (WPS)

Contractor Number
00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402

LCD Title
Cardiiovascular Stress Testing

LCD Database ID Number
L28563

Contractor's Determination Number
CV-004

AMA CPT/ ADA CDT Copyright Statement

Medicare Regulations

A. *Stress testing performed for the purposes of screening, done preoperatively for a non-covered surgery, or when done at the request of a third party, (e.g., insurance exam, admission screening, occupational screening, etc.), are not covered by Medicare.*

B. Cardiac stress testing must be performed under direct supervision.
Direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

C. Preoperative Examinations

1. *Medical preoperative examinations performed by, or at the request of, the attending surgeon does not fall within the statutory exclusion articulated in S1862 (a)(7) of the act. These examinations are payable if they are medically necessary and meet the documentation requirements of the service billed.*

2. *All claims for preoperative medical examination and preoperative diagnostic tests (i.e., preoperative medical evaluations) must be accompanied by the appropriate ICD-9 code for preoperative examination. Additional appropriate ICD-9 codes for the condition(s) that prompted surgery and/ or conditions that prompted the preoperative medical evaluation (if any), should also be documented on the claim. Other diagnoses and conditions affecting the patient may also be documented on the claim, if appropriated.*

The ICD-9 code that appears in the line item of a preoperative examination or diagnostic test must be the code for the appropriate preoperative examination.

3. For the purpose of establishing preoperative services as reasonable and necessary, all claims are subject to applicable national coverage decisions. In the absence of a national coverage decision, reasonable and necessary services are determined by carrier discretion. Establishing reasonable and necessary preoperative medical evaluations is facilitated when the ICD- 9 codes for the conditions that prompted surgery and for the conditions that prompted the preoperative medical evaluation if any, are documented as additional diagnoses on the claim.

D. Consult the national Correct Coding (Re-bundling) list for services that are considered included in the procedure.

E. *The place of service is limited to a hospital inpatient, hospital outpatient, or in a physician-directed clinic.*

Coding Guidelines

1. When the test is performed in a hospital inpatient or outpatient setting:
   a. The physician may bill only for the professional component with the use of the CPT codes 93016 and 93018.
   b. The drug (if used) is not separately billable by the physician.
   c. The IV administration of the drug (CPT codes 90765, 90768, 90772, 90774) is considered included in the stress test (CPT codes 93015, 93016, 93018).

2. When the test is performed in a physician's office:
   a. The total may be billed with the use of 93015.
   b. The components of the service may be billed separately (93016-93018) when the total is not performed.
   c. The drug (if used) may be separately billed with the use of one of the HCPCS codes (J0152, J1245, J1250, J0395, J2785). The patient's record must include indications for medical necessity.

3. When billing CPT codes 93015, 93016, or 93018, the referring/ordering physician's name and NPI number must be listed in Box 17 and 17B. For EMC, this information is reported in Record FB1-10, 11, 12, and the NPI in FB1-13. The LIPP number of the performing physician must be listed in Box 24K. For EMC, report the LIPP number of the performing physician in Record FA0-23.

Revision Effective date

07/16/2012

Revision History

06/01/2012 - This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12.