

Billing and Coding Guidelines

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Title

Coding and Billing Guidelines for CV-007 (Transesophageal Echocardiography – Including Intraoperative TEE)

Effective Date

03/18/2009

Revision Effective Date

07/16/2012

Coding Guidelines TEE

1. List the CPT code that describes the procedure performed.
2. List the appropriate ICD-9 code that describes the reason for the test and the patient's condition.
3. Consult the Correct Coding list for services that are considered included (rebundled) in the procedure code.
4. In the electronic format place the name of the referring/ordering physician in Record FB1-10, 11, 12; and the NPI number of the ordering/referring physician in FB1-13.
5. When the service is performed in a hospital-inpatient/outpatient setting, the technical component is a Part A service, and not billable to Part B.
6. Submit services for the contrast material on the same claim as the echocardiogram, using procedure codes Q9955, Q9956, Q9957 or A9700. In the narrative record of the electronic format list the name of the contrast imaging agent and dosage.

Coding Guidelines: Intraoperative TEE

1. List the CPT code that describes the procedure performed.
2. When CPT codes 93312, 93313, 93314, 93315, 93316, 93317, 93320, *93321, 93325 and/or 93799 are submitted, for intraoperative TEE, by an anesthesiologist (specialty #05), they must be submitted with a “59” Modifier.
3. When one provider inserts the TEE probe, and another provider interprets and reports the findings, the provider who inserts the probe should report CPT code 93313 or 93316, and the provider who interprets the study should report CPT code 93314 or 99317 respectively.
4. In the intraoperative period, CPT 93313 or 93316 can be billed only if a different provider performs and bills 93314-26 or 93317-26, respectively, for the same patient, on the same day of service
5. List the appropriate ICD-9 code that describes the reason for the test and the patient’s condition.

6. When the service is performed in a hospital-inpatient/outpatient setting, the technical component is a Part A service, and not billable to Part B. The physician service should be billed with a “26” Modifier (professional component). This applies to 93312, 93314, 93315, 93317, 93320, *93321, 93325 and 93799.
7. When intra-operative TEE is performed during non-cardiac surgical procedures, by an anesthesiologist, specialty (05), the medical record must be available to the Contractor upon request. CPT codes for anesthesia during cardiac surgical procedures include 00560 - 00580.
8. **CPT code 93318** (echocardiography, transesophageal for monitoring purposes) is not billable during the intraoperative period.
9. When reporting TEE stress test place the following description in item 19 of the 1500 CMS claim form or equivalent field for electronic submission “Transesophageal Stress Echocardiography and Imaging Test, “(CPT 93799).

Reasons for Denial

1. Services that do not meet the medical necessity criteria specified under the “Indication and Limitations of Coverage and/or Medical Necessity” sections of the CV-034 policy will be denied as not medically necessary.
2. Routine intraoperative monitoring. (CPT code 93318) will be denied as not medically necessary (Coverage is not allowed for monitoring, or for any other circumstance that does not meet medical necessity for a diagnostic test.)

Billing Guidelines

1. I.V. Contrast Agents:
 - a. When the initial echocardiogram was sub-optimal due to co-morbidity, report this condition using ICD-9-CM code 794.39.
 - b. When it is apparent the patient will be difficult to image, due to documented existing co-morbidity, report this condition using ICD-9-CM code 796.4.
2. Diagnostic/Therapeutic infusions and introduction procedures (90760, 90761, 90765, 90766, 90773, 90774, 36000 etc.) are considered integral to a contrast procedure and therefore may not be billed separately.
3. I.V. contrast agents are not indicated for all patients undergoing echocardiogram. Overutilization will be monitored.

OPPS Instructions for Cardiac Echocardiography with Contrast

Hospitals are instructed to bill for echocardiograms with contrast using the applicable HCPCS code(s) included in table 14 below. Hospitals should also report the appropriate units of the HCPCS codes for the contrast agents used in the performance of the echocardiograms. Codes in Table 14 should be read as either with contrast studies or without followed by with contrast studies. CPT codes should be used for without contrast studies only. In the without contrast followed by with contrast case, hospitals should not bill the CPT code for a without contrast study in addition to the C-code when they provide a without contrast followed by with contrast study.

Table 14 – HCPCS Codes for Echocardiograms with Contrast

HCPCS	Long Descriptor
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C8925	Transesophageal echocardiography (TEE) with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
C8926	Transesophageal echocardiography (TEE) with contrast for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
C8927	Transesophageal echocardiography (TEE) with contrast for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

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

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06/01/2012

Revision History Explanation

06/01/2012: This document 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

11/01/2010; Billing and Coding Guidelines reformatted (two).

10/01/2009, CPT code 93321 inadvertently omitted from sentences two and six under section entitled Coding Guidelines: Intraoperative TEE