

	Echocardiography	
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Echocardiography, also known as cardiac ultrasound, is the use of ultrasound to examine the heart. It is a type of medical imaging, using standard ultrasound or Doppler ultrasound. The visual image formed using this technique is called an echocardiogram, a cardiac echo, or simply an echo.

Policy

For clinical indications that support medical necessity for cardiac imaging please see Blue KC Medical Policies Pediatric Cardiac Imaging Guidelines 1.0.2023 and Cardiac Imaging Guidelines 2.0.2023.

Echocardiography includes obtaining ultrasonic signals from the heart and great vessels, with real-time image and/or Doppler ultrasonic signal documentation, with interpretation and report. When interpretation is performed separately, use modifier 26.

A complete transthoracic echocardiogram without spectral or color flow Doppler (93307) is a comprehensive procedure that includes 2-dimensional, and when performed selected M-mode examination of the left and right atria, left and right ventricles, the aortic, mitral, and tricuspid valves, the pericardium, and adjacent portions of the aorta. Multiple views are required to obtain a complete functional and anatomic evaluation, and appropriate measurements are obtained and recorded to obtain a complete functional and anatomic evaluation.

A complete transthoracic echocardiogram with spectral and color flow Doppler (93306) is a comprehensive procedure that includes spectral Doppler and color flow Doppler in addition to the 2-dimensional and selected M-mode examinations, when performed. Spectral Doppler (93320, 93321) and color flow Doppler (93325) provide information regarding intracardiac blood flow and hemodynamics.

The Intersocietal Commission for the accreditation of Echocardiography Laboratories clarifies what specific information should be documented about for a Complete echocardiography, "Report text must include comments on the following:

- Left Ventricle (size, global and regional function)
- Right Ventricle (size and global function)
- Right Atrium (size)
- Left Atrium (size)
- Mitral Valve (structure and function)
- Aortic Valve (structure and function)
- Tricuspid Valve (structure and function)
- Pulmonic Valve (structure and function)
- Pericardium
- Aorta

For most echocardiographic studies, if any of the nine anatomic structures required by CPT is not specifically documented as being evaluated in the final echocardiographic report, the service should be coded as a limited study rather than a complete study.

A follow up or limited echocardiographic study (93308) is an examination that does not evaluate or document the attempt to evaluate all the structures that comprise the complete echocardiographic exam. This is typically limited to or performed in follow-up of a focused clinical concern.

In stress echocardiography (93308) echocardiographic images are recorded from multiple cardiac windows before, after, and in some protocols, during stress. The stress is achieved by,

- Walking on a treadmill
- Using a bicycle, or
- The administration of pharmacological agents that either simulate exercise, (by increasing heart rate, blood

pressure, or myocardial contractility) or alter coronary flow (vasodilation).

When an echocardiogram is performed with a complete cardiovascular stress test (continuous electrocardiographic monitoring, supervision, interpretation and report by a physician or other qualified health care professional) use 93351
When only professional components of a complete stress test and a stress echocardiogram are provided (in a facility setting) by the same physician use 93551 with modifier 26.

When all professional services of a stress test are not performed by the same physician performing the stress echocardiogram, use 93350 in conjunction with the appropriate codes (93016-93018) for the components of the cardiovascular stress test that are provided.

Code 93352 (use of contrast agent) is used when ventricular endocardial borders cannot be identified by standard echocardiographic imaging. Contrast may be infused intravenously both at rest and with stress to achieve that purpose. Supply of contrast agent and/or drugs used for pharmacological stress is reported separately in addition to the procedure code.

Transesophageal echocardiography (TEE) services during Transcatheter intracardiac therapies are reported with code 93355. This service is reported once per intervention and only by an individual who is not performing the interventional procedure. Code 93355 describes TEE during advanced Transcatheter structural heart procedures.

- Transcatheter pulmonary valve replacement
- Mitral valve repair
- Paravalvular regurgitation repair,
- left atrial appendage occlusion/closure
- ventricular septal defect closure (peri - and intra- procedural)

Code 93355 includes.

- The work of passing the endoscopic ultrasound transducer through the mouth into the esophagus (when performed by the same individual performing the TEE)
- Diagnostic transesophageal echocardiography
- Ongoing manipulation of the transducer to guide sizing and/or placement of implants
- Determination of adequacy of the intervention and assessment for potential complications
- Real time image acquisition, measurements, and interpretation of image(s),
- Documentation of completion of the intervention, and final written report

See 93313 for separate reporting of the probe insertion by a physician other than the physician performing the TEE.

National Correct Coding Initiative Edits

The National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) allows 1 echocardiography per day when performed by the same provider or same provider group. This “per day” edit is based on clinical benchmarks. If claim denials based on these edits are appealed, adequate documentation of medical necessity must be submitted.

NCCI also has correct coding initiative conflicts between distinct types of echocardiography’s billed on the same day by the same provider or same provider group.

Example: 93350 and 93306 were submitted by the same provider on the same date of service. There is a correct coding initiative conflict between these codes based on CPT procedure code definition.

Guidelines say, it is medically inappropriate, and contradicts CPT descriptors, to submit CPT 93306, 93307 or 93308, performed in conjunction with CPT 93350, as 93350 includes a 93306, 93307 or 93308 service.

If claim denials based on these edits are appealed, adequate documentation of medical necessity must be submitted.

Coding	
CPT	Code Description
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
99306	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
99307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
99308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	Echocardiography, transesophageal (TEE) 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
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	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;

93355 Echocardiography, transesophageal (TEE) for guidance of a 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 quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D

References and Resources

Blue KC Medical Policy Pediatric Cardiac Imaging Guidelines 1.0.2023
Blue KC Medical Policy Cardiac Imaging Guidelines 2.0.2023
Blue KC Provider Reference Guide
American Medical Association CPT Manual
CMS National Correct Coding Initiative

Related Documents

Blue KC Medical Policy Pediatric Cardiac Imaging Guidelines 1.0.2023
Blue KC Medical Policy Cardiac Imaging Guidelines 2.0.2023

Revision History

Version	Date	Summary of Revisions
001	11/1/2020	Initial version
002	8/9/2021	CPT codes removed from policy
003	11/1/2021	Annual review, no updates or changes were made to the policy
004	11/1/2022	Annual review, Information on National Correct Coding Initiative were added
005	11/1/2023	Annual review, reference to Bue KC Medical policies for clinical indications were added
006	11/1/2024	Annual review, it is medically inappropriate, and contradicts CPT descriptors, to submit CPT 93306, 93307 or 93308, performed in conjunction with CPT 93350, as 93350 includes 93306, 93307 or 93308 service.
007	11/1/2025	Annual review, No updates or changes were made to the policy