



Echocardiography for AV Optimization and V-V Timing

CODING AND REIMBURSEMENT OVERVIEW – 2009

Medical Necessity

In patients with intraventricular conduction delay (IVCD), the left ventricle activation is delayed, but atrial activation is typically not delayed. This results in diminished transmitral flow and decreased pre-load of the left ventricle. AV optimization can help to reduce mitral regurgitation and lengthen the time available for left ventricular diastolic filling, resulting in improved cardiac output. AV optimization may be beneficial when it appears that the patient is not responding to cardiac resynchronization therapy (CRT) as expected. Devices with V-V timing may also be assessed during the same session as AV optimization. Both AV optimization and V-V timing may be accomplished using Doppler echocardiography. If both AV optimization and V-V timing are performed in the same session, the echocardiography code can be billed only once; the code is inclusive of both procedures.

Frequency Guidelines

- Currently there are no national guidelines for the specific number of echocardiography procedures that can be performed in a given period of time for a patient
- The medical necessity of echocardiography procedures would be subject to the discretion of a local Medicare contractor or payer
- The InSync III Marquis™ Clinical Trial and V-V optimization via the M-mode technique was identified in a 2005 abstract¹
- If the implanting physician performs the echocardiography procedure within 90 days of the implant, a local Medicare contractor may consider this procedure integral to the 90-day global surgical billing rule and may not be willing to pay it separately. Please contact your local contractor/payer for interpretation of applicable policies.

Coding and Payment Considerations

The physician determines the appropriate timing and the site of service for a post-CRT implant echocardiography procedure. Medicare coding and payment information are included in this overview.

Disclaimer

These coding suggestions and coverage guidelines do not replace seeking coding advice from the payer and/or your coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent difference of opinions or disputes with Medicare or other third-party payers as to the correct form of billing or the amount that will be paid to the providers of service.

Physician Services

	CPT Code ²	CPT Description	National Medicare Payment ³ January through December 2009 ⁴
	93306 New code	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	\$267.61 global ⁵ \$71.77 – 26 ⁶ \$195.84 – TC ⁷
	93307 Revised code	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$177.09 global \$49.77 – 26 \$127.32 – TC
	93308 Revised code	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$111.80 global \$29.21 – 26 \$82.59 – TC
	+93320 ⁸	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	\$78.27 global \$20.56 – 26 \$57.71 – TC
Additional codes that may be applicable to +93320	(Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.		
	+93321	Follow-up or limited study (list separately in addition to codes for echocardiographic imaging)	\$34.99 global \$8.30 – 26 \$26.69 – TC
Additional codes that may be applicable to +93321	(Use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.		
	+93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	\$54.10 global \$3.97 – 26 \$50.13 – TC
Additional codes that may be applicable to +93325	(Use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.		

Hospital Services

Inpatient

The echocardiography that the physician deems as a medical necessity may be performed during the inpatient stay of the CRT device implant or anytime after discharge.

- If the procedure is performed during the inpatient stay, the appropriate ICD-9-CM procedure code⁹ is 88.72
- If echocardiography is performed during the same inpatient stay as the implant, it is considered integral to the implant procedure, so there will be no additional revenue to the hospital, as it will be paid as part of the Medicare Severity-Diagnosis Related Group (MS-DRG)

Outpatient

The following information applies if the patient was considered a hospital outpatient at time of implant or for subsequent AV optimization/V-V timing procedures.

	CPT Code ²	APC (Ambulatory Payment Classification) Assignment	APC Description	National Medicare Payment ¹⁰ Effective Calendar Year 2009 ¹¹
New code	93306	0269	Level II Echocardiogram without Contrast Except Transesophageal	\$431.37
Revised code	93307	0697	Level I Echocardiogram without Contrast Except Transesophageal	\$255.05
Revised code	93308	0697	Level I Echocardiogram without Contrast Except Transesophageal	\$255.05
	+93320	Not Applicable	Not Applicable	Packaged ¹² Status Indicator N
Additional codes that may be applicable to +93320	(Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.			
	+93321	Not Applicable	Not Applicable	Packaged ¹² Status Indicator N
Additional codes that may be applicable to +93321	(Use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.			
	+93325	Not Applicable	Not Applicable	Packaged ¹² Status Indicator N
Additional codes that may be applicable to +93325	(Use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 83308, 93312, 93314, 93315, 93317, 93350, 93351) In 2008, this parenthetical information included 93307 and 93308.			

For questions or more information, please contact Medtronic at 1 (866) 877-4102, option 1. You can also visit our website www.medtronic.com/crdmreimbursement for additional coding documents.

References

- Abraham WT, Leon AR, Hannon C, Prather W, Fieberg A. Results of the InSync III Marquis clinical trial [abstract]. *Heart Rhythm*. 2005;(suppl 1):S65.
- Current Procedural Terminology (CPT) is copyright 2008 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
- Add-on codes are not subject to the multiple-procedure discount. Medicare website: <http://www.cms.hhs.gov/Manuals/IOM/>. Look under 100-04 Medicare Claims Procedure Manual – Chapter 12, Section 40.1 – Definition of a Global Surgical Package.
- Calculated from information provided in the November 19, 2008, *Federal Register*, vol. 73, no. 224.
- The global CPT codes listed comprise the professional and technical components. If both components of care are rendered, it is not necessary to append a modifier to the code. Medicare website: <http://www.cms.hhs.gov/Manuals/IOM/>. Look under 100-04 Medicare Claims Procedure Manual – Chapter 12, Section 20.2 – Relative Value Units (RVUs).
- Professional component reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.* When only the professional component is performed, modifier –26 should be added to the appropriate CPT code to identify the service.
* Social Security Act Section 1848(c) (1) (A) and (B).
- The technical component refers to the resources used in furnishing the service, such as office rent, wages of personnel, and other office practice expenses. When only the technical component is performed, the modifier –TC** should be added to the appropriate CPT code to identify the service. Medicare has established specific diagnostic test supervision requirements applicable to the technical component of echocardiography diagnostic services. Contact your local contractor/payer for interpretation of applicable policies. ** *Federal Register*, vol. 73/no. 224/page 66942.
- †: Add-on code per the American Medical Association CPT book.
- International Classification of Diseases, 9th Revision, Clinical Modification.
- Not subject to the APC multiple-procedure discount. Status S Indicator information is available on page 69311 of the November 18, 2008, *Federal Register*, vol. 73, no. 223.
- Information is available on pages 68822 and 68826 of the November 18, 2008, *Federal Register*, vol. 73, no. 223.
- Status Indicator N information is available on page 69310 of the November 18, 2008, *Federal Register*, vol. 73, no. 223.