Cardiology Services Professional Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial
☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☒ Tufts Medicare Preferred PPO (a Medicare Advantage product)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
☒ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting cardiologists and ancillary providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

**POLICY**

Tufts Health Plan covers medically necessary cardiology services, in accordance with the member’s benefits.

Note: Providers who are non-radiologists may be privileged to perform echocardiography and/or nuclear cardiology services, in accordance with their contracts. Refer to the Imaging Privileging Program chapter of the Commercial Provider Manual for more information.

**GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

**REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS**

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

For more information, refer to the Referral, Prior Authorization and Notification Policy.

**Commercial Products**

Certain cardiac imaging and therapeutic cardiac services require prior authorization through National Imaging Associates Inc. (NIA). Refer to the High-Tech Imaging and Cardiac Prior Authorization programs for specific procedure codes and prior authorization requirements for facilities and ordering providers.

---

1 Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.
2 Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.
Refer to the medical necessity guidelines in the Provider Resource Center for prior authorization requirements and/or clinical coverage criteria.

**Senior Products**

PCP referral is required for cardiology services.

**Tufts Health Public Plans**

Certain high-tech imaging services require prior authorization through NIA. Refer to the High-Tech Imaging programs for specific procedure codes and prior authorization requirements for facilities and ordering providers.

**BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Use of labs not participating in the member’s applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

**COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

**Cardiac Catheterization**

Tufts Health Plan does not routinely compensate cardiac catheterization when billed with a percutaneous coronary procedure when another cardiac catheterization has been billed in the previous week by any provider.

**Cardiac Event Detection**

93228-93229 (external mobile cardiovascular telemetry [MCT]) or 93268-93272 (external patient activated ECG event recording) will only be compensated once within in a six-month period, even if billed by different providers.

**Cardiac Stress Tests**

Tufts Health Plan does not routinely compensate for the following:

- Stress tests billed more frequently than once within a six-month period
- Stress tests billed within six months of another stress test when echocardiography/cardiac nuclear imaging procedure has not been billed on the same date of service, or if a coronary intervention has not occurred within that time frame.
- 93015-93018 (cardiac stress tests) or 93350 (stress echocardiograph testing) for members 15 years of age or older on the date of service if the only diagnosis on the claim is for a general routine exam or a screening for cardiovascular disorders.

**Commercial Products only**

- If 93015, 93016, or 93018 (Plain stress test) is billed and a previous plain stress test has been billed in the previous 180 days with the same diagnosis (to the 5th digit for ICD-9 or 7th digit for ICD-10) and 92980-92987, 92990-92998, 93651-93652, 33477, 33510-33523, 33533-33536, or 0256T-0259T has not also occurred in the previous 180 days, then Tufts Health Plan will not routinely compensate 93015, 93016, or 93018 with reason Exceeds Clinical Guidelines.
- If 93015, 93016, or 93018 (Plain stress test) is billed with more than two units within 180 days and 0256T-0259T, 33477, 33510-33523, 33533-33536, 92980-92987, 92990-92998, or 93651-93652 (Cardiac intervention) has not also occurred in the previous 180 days, then Tufts Health Plan will not routinely compensate 93015, 93016 or 93018 with reason Exceeds Clinical Guidelines.
Cardiovascular Implant Device Monitoring Services
93260-93261, 93282-93284, 93289, 93292, 0575T or 0576T (Programming/interrogation device evaluation [in-person] defibrillator system) will not be compensated more than once in a three-month period for a diagnosis indicating the presence of an automatic (implantable) cardiac defibrillator.

Echocardiography
- Complete fetal echocardiography codes 76825 and 76827 may only be compensated once within six months from the first DOS if billed with the same diagnosis.
- Complete transthoracic echocardiography may only be compensated once within 90 days from the first DOS if billed with the same diagnosis.

Electrocardiograms (ECGs)
Routine electrocardiograms (93000) will not be compensated when billed in an office setting with a screening or general routine exam unless an appropriate additional diagnosis is also present on the claim.

Noninvasive Vascular Diagnostic Studies
Duplex scans of extracranial arteries (93880, 93882) are not compensated when billed in an office setting and the patient is 18 years or older on the DOS, unless a diagnosis of carotid artery stenosis symptom is also present.

Professional Component of Radiology Services in Facility Places of Service
Professional radiology services billed by a cardiologist in an inpatient or outpatient hospital setting are not separately compensated.

Evaluation and Management (E&M) Services
Tufts Health Plan does not routinely compensate 99211-99480 or 99499 (E&M services) when billed without modifier 25 on the same DOS as cardiac device monitoring services (93260-93261, 93264), cardiac device evaluation services (93279-93298, 0417T-0522T, 0528T-0529T, 0575T-0576T, 0578T-0579T, 0650T, G2066), or noninvasive physiologic studies (93724, 93740, 93750).

ADDITIONAL RESOURCES
- Cardiac Prior Authorization Program
- High-Tech Imaging Prior Authorization Program
- Imaging Services Professional Payment Policy

DOCUMENT HISTORY
- June 2022: Annual policy review;
- June 2021: Policy reviewed by committee; updated previously communicated claim edits for cardiac stress tests (changed age from 18 to 15); cardiovascular implant device monitoring services; and evaluation and management (E&M) services
- May 2020: Policy reviewed by committee; added applicable Senior Products and Tufts Health Public Plans content; removed Commercial specialty-specific credentialing information
- May 2019: Added claim edit for echocardiography, effective for dates of service on or after July 1, 2019
- November 2018: Added edits for professional components of radiology services in facility places of service, effective for dates of service on or after January 1, 2019
- August 2018: Added cardiac stress test edit, effective for dates of service on or after October 1, 2018
- June 2018: Template updates
- January 2017: Template updates
- November 2016: Added NIA cardiac prior authorization program information, effective for dates of service on or after January 1, 2017
- July 2016: Added previously implemented noninvasive vascular diagnostic studies edits
- September 2015: Template conversion, template updates
- July 2015: Added ECG and MCT policies effective for dates of service on or after October 1, 2015, template updates
- June 2015: Template updates

AUDIT AND DISCLAIMER INFORMATION
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a
provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.