Cardiology Services Professional Payment Policy

Applies to the following Tufts Health Plan products:

- ☒ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)[1]
- ☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

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.

Refer to the medical necessity guidelines in the Provider Resource Center for prior authorization requirements and/or clinical coverage criteria.

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[1] Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink℠ 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.

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.

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
Tufts Health Plan limits the coverage of 93228-93229 (external MCT) or 93268-93272 (external patient-activated ECG event recording) to once in a six-month period when billed by any provider.

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
Tufts Health Plan does not routinely compensate 93260-93261, 93282-93284, 93289, 93292, 0575T or 0576T (Programming/interrogation device evaluation [in person] defibrillator system) when billed greater than once in a three-month period for a diagnosis indicating the presence of an automatic (implantable) cardiac defibrillator.

Echocardiography

- Tufts Health Plan does not routinely compensate for 76825 or 76827 (complete fetal echocardiography) if the same complete echocardiography has been billed within six months of the first date of service with the same diagnosis.

- Tufts Health Plan does not routinely compensate a complete transthoracic echocardiography if the same complete echocardiography has been billed within 90 days with the same diagnosis.

Electrocardiograms (ECGs)
Tufts Health Plan does not routinely compensate 93000 (routine ECG) if billed in an office setting with a screening or general routine exam and the member's age is 18-65 on the date of service, unless an appropriate additional diagnosis is also present on the claim.

Noninvasive Vascular Diagnostic Studies
Tufts Health Plan does not compensate 93880 or 93882 (duplex scans of extracranial arteries) if billed in an office setting for a member 18 years or older on the date of service, unless a diagnosis of carotid artery stenosis symptom is also present on the claim.

Professional Component of Radiology Services in Facility Places of Service
Tufts Health Plan does not routinely compensate professional radiology services when billed by a cardiologist in an inpatient or outpatient hospital setting.

Evaluation and Management (E&M) Services
Tufts Health Plan does not routinely compensate 99211-99480 or 99499 (Evaluation and management services) when billed without modifier 25 on the same date of service as cardiac device monitoring services (93260-93261, 93264), cardiac device evaluation services (93279-93298, 0417T-0418T, 0521T-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 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 CareLink℠ 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.