



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)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting cardiologists and ancillary providers rendering cardiology services in a physician office, inpatient or outpatient facility. For Tufts Medicare Preferred HMO and Tufts Health Plan SCO, [click here](#).

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.

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 [website](#) or by contacting [Commercial Provider Services](#).

AUTHORIZATION REQUIREMENTS

Some cardiac imaging services require prior authorization with National Imaging Associates Inc. (NIA). For a list of procedure codes subject to prior authorization by NIA, refer to the [High-Tech Imaging Program Prior Authorization Code Matrix](#). Refer to the [Imaging Professional Payment Policy](#) for additional information.

Cardiac Prior Authorization Program

Prior authorization is required through NIA for echocardiography and stress echocardiography therapeutic cardiac services performed in an outpatient setting.

Note: These services do not require prior authorization when rendered in the emergency department, observation, or hospital inpatient settings.

Refer to the [Imaging and Cardiac Program Prior Authorization Management Guide](#) for additional information on the prior authorization requirements for facilities and ordering providers.

Note: This program does not apply to Uniformed Services Family Health Plan (USFHP), Tufts Medicare Complement, Medicare Supplement Plan, CareLink, or to members using the Cigna PPO or Private Health Care Systems (PHCS) network (also known as Multiplan) networks.

BILLING INSTRUCTIONS

The following CPT procedure codes are accepted by Tufts Health Plan. Ancillary providers may bill only the CPT procedure code(s) in accordance with their provider agreements. The absence and/or presence of a CPT procedure code is not an indication and/or guarantee of coverage and/or payment.

Cardiac Monitoring Services

Code	Description
93224	ECG monitoring, 24 hours, continuous original ECG waveform recording and storage
93225	Recording (includes hook-up, recording, and disconnection)

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

Code	Description
93226	Scanning analysis with report
93227	Physician review and interpretation
93230	ECG monitoring, 24 hours, continuous original ECG waveform recording and storage
93231	Recording (includes hook-up, recording, and disconnection)
93232	Microprocessor-based analysis with report
93233	Physician review and interpretation
93235	ECG monitoring, 24 hours, continuous computerized monitoring and non-continuous recording
93236	Monitoring and real-time data analysis with report
93237	Physician review and interpretation

Home Cardiac Monitoring Services

Code	Description
G0248	Demonstration, at initial use, of home INR monitoring
G0249	Provision of test materials and equipment for home INR monitoring
G0250	Physician review, interpretation and patient management of home INR testing

Echocardiography Privileging

Providers who perform ECG services in an office setting are required to meet one of the following criteria. Refer to the [Imaging Privileging Program](#) chapter of the Commercial Provider Manual for additional information on the privileging process, including specialty-specific procedure codes that may be billed.

- For a provider to be privileged for both technical and professional echocardiography components (global billing), the provider must be practicing in a practice/facility accredited by the Intersocietal Accreditation Commission (IAC) Echocardiography
- For more information on IAC accreditation, visit the IAC Echocardiography website or call 800.838.2110. If the provider is not IAC-accredited, then he/she must meet the following criteria:
 - The provider must be certified by the National Board of Echocardiography (NBE)
 - Ultrasound equipment must meet IAC standards
 - Staff sonographers must be licensed in ultrasound
- For a provider to be privileged for professional echocardiography components only, the physician must meet one of the following criteria:
 - The provider must be certified by the NBE
 - The provider must meet Level II training in transthoracic echocardiography interpretation, as defined by the American College of Cardiology (ACC)
- Providers trained before Level II training requirements became standard must meet equivalent requirements established in the ACC/AHA Clinical Competency Statement on Echocardiography.

Cardiology

Specific training in nuclear cardiology is required of providers who wish to perform and/or interpret nuclear scans. Providers who have completed the specific training requirements should send proof of certification to the attention of the Tufts Health Plan Imaging Privileging Committee. Refer to the [Imaging Privileging Program](#) chapter of the Commercial Provider Manual for additional information.

COMPENSATION/REIMBURSEMENT INFORMATION

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 compensate for a stress test more than once within a six-month period. However, if the member requires more than one stress test to be performed within a six month period, supporting clinical documentation should be submitted with the claim for payment consideration.

Effective for dates of service on or after October 1, 2018, Tufts Health Plan does not routinely compensate cardiac stress tests (93015-93018) or stress echocardiograph testing (93350) for members 18 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.

Electrocardiograms (ECGs)

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

Echocardiography

Effective for dates of service on or after July 1, 2019, Tufts Health Plan will not routinely compensate for a complete fetal echocardiography (76825, 76827) if the same complete echocardiography has been billed within six months from the first date of service with the same diagnosis.

E&M Services Billed with Cardiovascular Services

Tufts Health Plan does not compensate for an E&M service if billed with a noninvasive physiologic study and procedure, as the E&M service is included in the noninvasive physiologic study and procedure. Tufts Health Plan considers compensation for services rendered if the appropriate [modifier](#) is appended to the E&M procedure code.

E&M Services Billed with Stress Tests

Tufts Health Plan does not separately compensate for an E&M service when billed with a stress test as the E&M service is included in the stress test. Tufts Health Plan considers compensation for services rendered if the appropriate [modifier](#) is appended to the E&M procedure code. Refer to the AMA CPT Manual for additional information.

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

Effective for dates of service on or after January 1, 2019, Tufts Health Plan will not routinely compensate professional radiology services when billed by a cardiologist in the inpatient or outpatient hospital setting.

DOCUMENT HISTORY

- 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
- June 2014: Policy reviewed, formatting changes, template updates
- September 2013: Template conversion
- January 2013: Template updates.
- April 2012: Template updates.
- March 2012: Updated CareLink disclaimer language.
- October 2011: Template updates, moved modifier details to the Modifier Payment Policy, added information regarding paper and electronic Summary of Accounts, effective January 1, 2012.
- December 2010: Reviewed document for clarity; no content changes made.

- June 2009: Clarified that add-on codes will not be reimbursed if the primary procedure code has not been submitted on the same date of service.
- January 2009: Added CPT procedure code 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) to the policy as it is effective as of January 1, 2009.
- June 2008: Newly documented payment policy

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.