Cardiology Services Professional Payment Policy

The following payment policy applies to Tufts Health Plan contracted cardiologists and ancillary providers rendering cardiology services in a physician office, inpatient or outpatient facility. This policy applies to Commercial¹ products (including Tufts Health Freedom Plan). For Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options, click here.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

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

POLICY
Tufts Health Plan covers medically necessary cardiology services as described below.

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 our secure Provider website or by contacting Provider Services.

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

Cardiac Prior Authorization Program
Effective for dates of service on or after January 1, 2017, prior authorization will be required through NIA for the following services performed in an outpatient setting:

- Stress echocardiography
- Echocardiography
- Cardiac catheterizations
- Implantable cardiac devices

Note: These services do not require prior authorization when rendered in the emergency department, observation or hospital inpatient settings. Prior authorization is not required for members under 18 years of age.

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 PHCS Healthy Directions networks.

BILLING INSTRUCTIONS
Cardiac Monitoring Services
The following table lists cardiac monitoring CPT codes that are accepted by Tufts Health Plan. An ancillary provider may bill only the CPT code(s) in accordance with their Provider Agreement. The absence and/or presence of a CPT code is not an indication and/or guarantee of coverage and/or payment.

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¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
### Cardiology Services Professional Payment Policy

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93224</td>
<td>Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation</td>
</tr>
<tr>
<td>93225</td>
<td>Recording (includes hook-up, recording, and disconnection)</td>
</tr>
<tr>
<td>93226</td>
<td>Scanning analysis with report</td>
</tr>
<tr>
<td>93227</td>
<td>Physician review and interpretation</td>
</tr>
<tr>
<td>93230</td>
<td>Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation</td>
</tr>
<tr>
<td>93231</td>
<td>Recording (includes hook-up, recording, and disconnection)</td>
</tr>
<tr>
<td>93232</td>
<td>Microprocessor-based analysis with report</td>
</tr>
<tr>
<td>93233</td>
<td>Physician review and interpretation</td>
</tr>
<tr>
<td>93235</td>
<td>Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation</td>
</tr>
<tr>
<td>93236</td>
<td>Monitoring and real-time data analysis with report</td>
</tr>
<tr>
<td>93237</td>
<td>Physician review and interpretation</td>
</tr>
</tbody>
</table>

### Home Cardiac Monitoring Services

Ancillary providers may bill only the following home cardiac monitoring procedure code(s) in accordance with their provider agreement. The absence and/or presence of a HCPCS procedure code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0248</td>
<td>Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing</td>
</tr>
<tr>
<td>G0249</td>
<td>Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; per four tests</td>
</tr>
<tr>
<td>G0250</td>
<td>Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per four tests (does not require face-to-face service)</td>
</tr>
</tbody>
</table>

### 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

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by you as the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold you accountable for any inappropriate behavior on the part of the nonparticipating lab that you selected.
**Cardiology Services**
Tufts Health Plan does not compensate for routine ECG (93000) when billed in an office setting with a general medical examination diagnosis or special screening for cardiovascular disease diagnosis unless an additional, appropriate diagnosis is also present on the claim and the member is over 18 years of age.

Tufts Health Plan limits the coverage of external mobile cardiovascular telemetry (MCT) or external patient activated ECG event recording to once in a six month period when billed by any provider.

**Evaluation and Management Service Billed with Cardiovascular Services**
Tufts Health Plan does not compensate for an evaluation and management (E&M) service when 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.

**Evaluation and Management Service Billed with a Stress Test**
Tufts Health Plan does not 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.

**Frequency Policy and Description**
Tufts Health Plan sets frequency limits on certain outpatient procedures based on medical necessity. The following policy falls within frequency limitations.

<table>
<thead>
<tr>
<th>Policy</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Stress Test</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

**DOCUMENT HISTORY**
- January 2017: Template updates; clarified prior authorization requirements for cardiac procedures; removed IAC privileging requirements for echocardiography services, as they are not required effective January 15, 2017.
- 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.
- 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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

This policy does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Public Plans or the Private Health Care Systems (PHCS) network (also known as Multiplan). This policy applies to CareLink for providers in the 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.