Echocardiography

Adjudication Guideline

Abstract

For Members

An echocardiogram is an imaging test that creates pictures of your heart as it beats. During the test, a thick wand called a ‘transducer’ or ‘probe,’ sends ultrasound waves into the heart. Ultrasound is a very high frequency sound which you cannot hear, but it can be emitted and detected by special machines. Images are then produced that show details such as the sizes of heart chambers, how well the heart is pumping and whether or not the valves are working properly.

Echo can be done two ways: either with the probe outside of your chest (transthoracic echo/TTE), or with the transducer end down your throat and into your esophagus (transesophageal echo/TEE).

In some cases, a ‘stress test’ is ordered along with a TTE. This test shows how well the heart pumps and whether it gets enough blood during exercise (or induced by a drug if you are unable to exercise). This is called a ‘stress echo.’

Daman covers echocardiography if medically necessary for all plans administered by Daman, including visitor’s plan (in case of acute emergency only).

For Medical Professionals

This guideline highlights Daman’s adjudication policy on the medical necessity of Echocardiography for all plans administered by Daman.

Echocardiography is a non-invasive imaging modality for quantitative and qualitative evaluation of cardiac anatomy, physiology, and function. 2D echo provides tomographic or “thin-slice” imaging. Multiple imaging techniques (such as Doppler or stress) are typically added for a more comprehensive echocardiographic examination.
**Echocardiography**

**Scope**

This guideline highlights Daman’s adjudication policy on the appropriate use of echocardiography for all plans administered by Daman.

Fetal echo, intraoperative transesophageal echo and detailed guidance on valvular heart disease are outside the scope of this AR.

**Adjudication Policy**

**Eligibility / Coverage Criteria**

Echocardiography is covered for all plans administered by Daman, if medically necessary, and whenever claimed properly as per billing and coding rules.

Echocardiography is covered for Visitor’s plan in cases of acute emergency only, upon approval of Daman’s Authorization Department.

Echocardiography done for screening purposes will only be covered for members with Medical Check-up benefit.

All medical conditions present should be documented properly within the medical record and coded properly in the claim.

Daman covers the following types of echocardiography for the following indications, including but not limited to:

<table>
<thead>
<tr>
<th>Type</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transesophageal echo</td>
<td>High likelihood of nondiagnostic TTE due to patient characteristics or inadequate visualization of structures Suspected acute aortic pathology including but not limited to dissection/transection Evaluation of valvular disease Evaluation of embolic event Atrial fibrillation/flutter</td>
</tr>
<tr>
<td>Stress echo</td>
<td>Evaluation of known or suspected coronary artery disease Further evaluation after prior testing (within best practice recommendations) Surveillance post-revascularization (within best practice intervals) Assessment of ischemic cardiomyopathy/viability Chronic valvular disease</td>
</tr>
</tbody>
</table>
Echocardiography

<table>
<thead>
<tr>
<th>Congenital echo</th>
<th>Confirmed congenital heart disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doppler echo</td>
<td>Measurement of speed and direction of blood flow within the heart and valves of the heart</td>
</tr>
</tbody>
</table>

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Signs/symptoms/diagnostic test results that are not considered standalone diagnoses by Daman must be submitted with another relevant, supporting diagnosis.

Echo done for surveillance of chronic valvular disease must be claimed with severity (mild, moderate, severe) in Observation notes.

Echo done as post-operative surveillance must be claimed with date of surgery in Observation notes.

Non-Coverage

Daman does not cover Echocardiography done as screening if member does not have Medical Check-up benefit.

Daman does not cover Echocardiography outside of best practice recommended indications and intervals.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

- **Example 1**

**Question:** A claim is received for a 50 year-old female, under Enhanced plan, with principal diagnosis of 780.4 Dizziness and giddiness, without any other associated conditions. The provider performed transthoracic echo as a first-line investigation. Will this claim be paid?

**Answer:** No. Transthoracic echo is not medically necessary for this case unless the clinician suspects CVD.

- **Example 2**

**Question:** A claim is received for a 40 year-old male previously diagnosed with Hypertension, DM type 2 and Dyslipidemia, under Enhanced plan. He is otherwise asymptomatic. Provider performed stress echocardiography. Will this claim be paid?

**Answer:** No. Stress echo will not be covered under medical necessity. It is not indicated for this asymptomatic patient. (Coverage may occur under Medical Check-up benefit, subject to policy terms and conditions.)
Echocardiography

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.</td>
</tr>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice.</td>
</tr>
<tr>
<td>MNEC-005</td>
<td>Service/supply maybe appropriate, but too frequent.</td>
</tr>
<tr>
<td>PRCE-002</td>
<td>Service is included in another service paid.</td>
</tr>
<tr>
<td>PRCE-010</td>
<td>Use bundled code</td>
</tr>
</tbody>
</table>

Appendices

A. References

4. American College of Radiology Appropriateness Criteria
## Echocardiography

### B. Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07-2013</td>
<td>V1.1: New template</td>
</tr>
<tr>
<td>15-07-2014</td>
<td>V 2.0: Disclaimer updated as per system requirements</td>
</tr>
<tr>
<td>22-08-2016</td>
<td>V2.1: Review</td>
</tr>
</tbody>
</table>