



Policy and Standards

Policy Number:	OP.388.01
Policy Name:	Cardiac Claim Edit – Stress Echo and Doppler Add-On
Review Type:	New Policy
Contract or Regulatory Reference: (include citation if applicable)	N/A

Corporate Policy Approvals

Steve Efurd	<i>Approval on file</i>	December 11, 2019
Evolent, Vice President, Claims		Date
John J. DiBernardi, Jr., Esq.	<i>Approval on file</i>	December 09, 2019
Evolent, Senior Vice President & Chief Compliance Officer		Date
Dan Gregoire, Esq.	<i>Approval on file</i>	December 09, 2019
Evolent, Executive Vice President, General Counsel		Date

Product Applicability: *(For Health Insurance Marketplaces, policies and procedures are the same, unless contractual requirements dictate a more stringent variation in which case customized documents are created.)*

**Commercial Medicaid
Medicare Part: C (Medicare Advantage)**

Business Division and Entity Applicability:

Evolent Health LLC. (formerly National Imaging Associates, Inc.)

Policy Statement

The properly licensed affiliates and subsidiaries of Evolent Health LLC. (Evolent) review claim submissions to ensure they comply with industry standard practices. According to the American College of Cardiology Appropriate Use Criteria for Echocardiography, color flow Doppler is only medically necessary for Stress Echocardiography (SE) services when performed for hemodynamics. Dopplers are considered “not medically necessary” by Centers for Medicare & Medicaid Services (CMS) when performed routinely without a clinical indication. Evolent has established a claim edit to review Doppler add-on codes to ensure claims are only paid in appropriate situations.

Purpose

To review Doppler add-on codes to ensure claims for SE services are only paid in appropriate situations.

Policy Terms & Definitions Glossary

Key Terms *(as used in this policy)*

None.

Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in C360, click on the below link: *(internal link(s) available to Evolent employees only)*

[*Policy Terms & Definitions Glossary*](#)

Standards

- I. Evolent routinely uses claim edits to ensure that claims are paid accurately and are consistent with industry standards. Claim edits can also address inaccurate or inappropriate billing practices of some providers who implement billing patterns designed to maximize revenue without appropriate justification.
- II. A specific claim edit is used to ensure claims for Doppler add-on codes are only paid when appropriate.
- III. The Doppler add-on codes (93320, 93321, and 93325) are appropriate with Echocardiography (TTE and TEE) (93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, and 93318) but are only appropriate with Stress Echocardiography (SE) (93350, 93351, and 93352) for limited medical conditions.
 - A. According to the American College of Cardiology Appropriate Use Criteria for Echocardiography, color flow Doppler is an important element of a comprehensive TTE/TEE evaluating relevant cardiac structures and hemodynamics.
 - B. Stress Echocardiography (SE) includes Doppler when performed for hemodynamics. That is, the use of Doppler with SE is appropriate only for specific diagnoses.
 - C. Doppler is considered “not medically necessary” by CMS when performed routinely without a clinical indication.
 - D. A claim edit has been designed to pay Doppler codes with SE only when an appropriate diagnostic code appears on the claim. Claim edit rules for SE and Doppler are described below.

CARDIAC CLAIM EDIT – STRESS ECHO AND DOPPLER ADD-ON

1. When a claim for SE and Doppler occurs on the same date of service and *there is no claim for TTE or TEE*, then an appropriate diagnosis must be on the claim to be paid. See attached grid for diagnosis codes.



Doppler with Stress
Echo-Approved Dia

2. If a diagnosis code for one of the approved clinical conditions is on either the SE or Doppler claim line, payment is allowed for both the SE and the Doppler (when the SE has been authorized).
3. If the diagnosis code on the claim is not for one of the approved clinical conditions, payment is allowed for the SE (if authorized), but not for the Doppler.
4. If a SE or Echo (TTE/TEE) is not authorized, then payment for a related Doppler would also not be paid since there was no authorization.
5. If a Doppler is billed with a TTE or TEE (that has been authorized), then payment for the Doppler is allowed.

Cross Reference(s)

ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography. A Report of the American College of Cardiology Foundation Appropriate Use Criteria Task Force, American Society of Echocardiography, American Heart Association, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Critical care Medicine, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance and American College of Chest Physicians. *Journal American Society Echocardiography*, 2011, 1(24), 229-267.
doi:10.1016/j.echo.2010.12.008

National Government Services. Inc. (July 1, 2009) *Comments and Responses Regarding Draft Local Coverage Determination: Transthoracic Echocardiography (TTE)*. Washington, DC: U.S. Government Printing Office. Retrieved from www.ngsmedicare.com

Corporate Policy Life History

Date of Inception: December 11, 2019	Previous Review Date: N/A	Current Review Date: December 06, 2019
Previous Corporate Approval Date: N/A	Current Corporate Approval Date: December 11, 2019	Unit Effective Date: January 11, 2020

Associated Corporate Forms & Attachments *(internal link(s) available to Evolent employees only)*

None

#