

## Frequently Asked Questions – Echocardiography Coding – April 2020

- ***How is strain imaging reported?***

Effective January 2020, CPT Category III code 0399T was replaced with Category I “add-on” code +93356 for reporting myocardial strain imaging when used to measure cardiac function as an additive for evaluating left ventricular ejection fraction to improve patient care. The code describes an adjunct procedure to resting or stress transthoracic echocardiography.

Report code +93356 with echocardiography codes (93303, 93304, 93306, 93307, 93308, 93350, 93351) and report only once per imaging session.

*Code and Descriptor: 93356 Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)*

The national unadjusted Medicare physician payment is \$40.78. The code does not split into professional or technical components and is reported by physicians without the -26 modifier.

Hospitals may establish a charge and report code +93356. Based on Medicare’s hospital outpatient rules for “add-on” codes, no separate payment is available. Although a specific payment is not available, reporting the code will allow payments to be adjusted longer term, to accommodate the costs associated with the provision of the strain procedure.

The code is not specific to a clinical indication. Ensure the procedure is performed based on medical necessity.

When billing strain for monitoring cardiac toxicity, the following ICD-10-CM diagnosis codes may be reported:

- Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm
- Z01.818: Encounter for other preprocedural examination
- Z51.11: Encounter for antineoplastic chemotherapy
- Note: Z01.818: Encounter for other preprocedural examination

Diagnosis(es) for the initial pre-chemotherapy echo should be coded according to the patient’s condition (i.e. cancer diagnosis and other clinical conditions). If the echocardiogram occurs at the same visit that chemotherapy is initiated, report ICD-10: Z51.11: Encounter for antineoplastic chemotherapy.

Note that as a new code, claims may be denied for +93356 but may be reimbursed on appeal. If the claims are appealed, include a letter of medical necessity specific to the patient circumstance, the medical record, and clinical articles to help with the rationale for appeal.

- **What elements are included in the complete and limited TTE exam?**

The definitions of a complete or limited echo is listed in the CPT Guidance in the Echocardiography Introduction Section of the coding manual.

- Complete echo: A complete echocardiogram is one that includes multiple 2D views of all chambers, valves, pericardium, and portions of the aorta, with appropriate measurements. The inability to visualize or measure the clinically relevant anatomy requires documentation of the attempt. Additional anatomy and M mode tracings may not be required but may also be included.
- Limited echo: A limited examination is usually a follow-up or focused study that does not evaluate all the structures required for a comprehensive or complete echocardiographic exam. The purpose of this exam is best described and documented as a focused clinical exam to answer a specific clinical question.
- Documentation: All reports should include an interpretation of the images with quantitative measurements, and clinically relevant and abnormal findings. When images are attempted but not adequately identified, it should be noted in the report. Recorded studies must be available for subsequent review.

- **What clinical conditions are considered congenital?**

CPT doesn't provide guidance as to the definition of what is considered congenital. The selection of a congenital or non-congenital code is left to the physician. Ensure clear documentation for medical necessity and follow clinical congenital echocardiography guidelines to best support the selection of codes.

General Reporting Tips from CPT Assistant Frequently Asked Questions (May 2015)

- If echocardiography detects any congenital abnormality, it is appropriate to use congenital echocardiography codes.
- When congenital heart disease is known to be present from other studies, the procedure should be reported using the congenital echocardiography codes.
- If echocardiography detects congenital heart disease of little or no clinical significance, it can be reported with the congenital echocardiography codes. However, if the work involved is less than usual for congenital echo imaging, the physician may choose to report the non-congenital echo codes.

- **Can interventional TEE code 93355 be reported separate from the interventional procedure?**

- CPT coding guidelines allow for separate reporting of 93355 from other procedures when performed by different physicians. No edits restrict use.
- *Code and Description: 93355 Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intraprocedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and reporting, including diagnostic transesophageal*

*echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D.*

- **How is contrast echocardiography reported by the hospital (facility)?**

Medicare has established a family of HCPCS “C” echocardiography codes that describe reporting of contrast administration. These codes are reported by the hospital when an outpatient contrast echo procedure is performed in place of the conventional CPT codes (e.g., 93306, 93351, etc.). In addition to reporting the contrast procedure, the applicable contrast agent “Q” code is reported. Per the NCCI manual and correct coding edits, Medicare does not allow separate reporting for the IV insertion or injection procedure. Private payers may/may not use these codes. Check with payers.

*HCPCS “C” codes:*

- C8921 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
- C8922 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
- C8923 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
- C8924 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
- C8925 Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
- C8926 Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
- C8927 Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
- C8928 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
- C8929 Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

- C8930 Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

*Contrast Agents:*

Select the applicable HCPCS "Q" code to report the contrast agent used.

- Q9955 injection, perflerone lipid microspheres, per ml
  - Q9956 injection, octafluoropropane microspheres, per ml
  - Q9957 injection, perflutren lipid microspheres, per ml
  - Q9950 Injection, sulfur hexafluoride lipid microspheres, per ml
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- **Are there CPT codes for agitated saline studies?**
- There isn't a specific echocardiography administration CPT code for saline injection for echo studies. While the CPT code for IV injections (96374) code is available, payer payment policies vary and may or may not reimburse for 96374. In general, it is not paid.

*96374 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug*

### **For questions about coding, who do I contact?**

The American Society of Echocardiography is proud to continue improving your access to information regarding Cardiovascular Ultrasound Coding and Reimbursement. Use this link to submit coding questions. <https://www.asecho.org/ask-a-coding-expert/>