

Cardiology Services Payment Policy

Policy

The Plan reimburses contracted providers for covered cardiology professional services.

Definitions

Cardiology is the medical specialty that focuses on the diagnosis and treatment of disorders and diseases of the heart and circulatory system, including the following services:

- Electrocardiogram (ECG, EKG)
- Echocardiography
- Nuclear Stress Testing

Cardiac Rehabilitation is a program of multidisciplinary treatment for patients with heart disease. This may include counseling, diagnostic tests, education, EKG, and ECG Monitoring.

Reimbursement

The Plan reimburses the following professional services and/or components:

- Multiple ECG/EKG's per day
- ECG/EKG interpretation w/Holter or cardiac event monitor
- Transcatheter repair of congenital heart defects
- Cardiac event monitors
- Holter monitors
- Trans-telephonic transmission of post-symptom electrocardiograms
- Cardiac Stress Testing
- Angioplasty
- Coronary artherectomy
- Pacemaker or pacing cardioverter defibrillator insertion
- Cardiac Catheterization Services
- Cardiac Rehabilitation

The Plan does not reimburse the following services:

- External Counterpulsation (ECP) services.
- Observation services when billed with surgical day care services.
- An E&M office visit billed with a stress test (93015 – 93018) or non-invasive physiologic study and procedure (93922, 93923, 93924), unless indicated as a significant and separately identifiable E&M service by the same physician on the same date of service.

Referral/notification/prior authorization requirements

Fallon Health Weinberg and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member's designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or providing any other additional appointments or services that may not routinely be authorized or may require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

Billing/coding guidelines

Cardiac Catheterization:

If billing only the professional component of catheterization services, use a 26 modifier.

Multiple EKG:

- When billing multiple ECG/EKGs on the same day, affix a modifier 76, 77 as appropriate.

- When billing ECG/EKG recordings/rhythm strips over a 30-day period, use the last date of tracing; claims submitted with a date range will deny for itemization.

Cardiac Stress Tests:

Use appropriate HCPCS level II codes to bill drugs/contrast agents used in conjunction with stress testing.

Documentation:

The patient’s medical record must indicate that the entire procedure was either performed by the physician or under the physician’s direct personal supervision.

Note: Direct personal supervision means that the physician must be physically present in the same office suite and immediately available to provide assistance and direction throughout the test. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record, and available to the Plan upon request. When repeating stress tests, the medical record documentation must identify separate clinical indications, regardless of the ICD-CM code submitted for the test.

Cardiac Rehabilitation:

The Plan reimburses cardiac rehabilitation services performed in a contracted facility when ordered by the member’s PCP or a participating specialist within 26 weeks after diagnosis.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	03/01/2009
Previous revision date(s):	05/01/2012 - removed terminated CPT code 93875. 07/01/2015 - updated to new Plan template and updated language regarding reimbursement for mobile cardiac outpatient telemetry. 05/01/2016 - Annual review.
Connection date & details:	March 2017 – Deleted termed code. April 2018 – Removed Mobile Cardiac Telemetry exclusion. April 2019 - Annual review, no updates. April 2020 – Annual review, no updates.

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.