

Transthoracic Echocardiography (TTE)
Medicare Local Coverage Determination - L33768 Checklist
Revised LCD Effective Date: October 1, 2019

LCD-L33768	Patient Name:	MR:	
<p>Echocardiography is an ultrasonic examination of the heart. It is a widely used noninvasive technology to assess cardiac anatomy and function. A Doppler examination is a valuable adjunct to a complete echocardiographic examination, and allows for the evaluation of the presence and severity of valvular stenosis, valvular regurgitation, and ventricular dysfunction of cardiac output, intracardiac pressures and intracardiac shunts. This local coverage determination (LCD) addresses the medical necessity and appropriate application of transthoracic echocardiography (TTE).</p>			
CODING			
<p style="text-align: center;"><u>CPT Codes</u></p> <p>• CPT/HCPCS Group 1 Paragraph: Part A; The following CPT/HCPCS codes will not have diagnosis code limitations applied : 93303, 93304, 93320, 93321, 93325, C8921, and C8922.</p> <p>• CPT/HCPCS Group 2 Paragraph: Part B; The following CPT codes will not have diagnosis code limitations applied : 93303, 93304, 93320, 93321, and 93325.</p>	<p style="text-align: center;"><u>Diagnosis Codes</u></p> <p>Refer to Local Coverage Determination L33768 for the list of covered ICD-10 diagnosis codes.</p>		
COVERAGE INDICATIONS			
<u>Transthoracic Echocardiography (TTE) IS generally considered medically reasonable and necessary for ANY of the following 15 conditions:</u>			
<input type="checkbox"/> Native Valvular Heart Disease <input type="checkbox"/> Prosthetic Heart Valves (Mechanical and Bio-prostheses) <input type="checkbox"/> Endocarditis <input type="checkbox"/> Ventricular Function Cardiomyopathies <input type="checkbox"/> Acute Myocardial Infarction and Coronary Insufficiency <input type="checkbox"/> Hypertensive Cardiovascular Disease <input type="checkbox"/> Cardiac Transplant and Rejection Monitoring <input type="checkbox"/> Exposure to Cardiotoxic Agents (Chemotherapeutic and External)	<p>In the absence of acute intervention or a change in stable clinical signs and symptoms, TTE is used to document course over time and is generally not medically reasonable and necessary more frequently than annually.</p> <p>TTE assessment after prosthetic valve implant is important in establishing a baseline structural and hemodynamic profile. Post-convalescence reassessment after three to six months is appropriate. Thereafter, an annual stability assessment is considered medically reasonable and necessary absent defined clinical events or obvious change in physical examination findings.</p> <p>Examination frequency in the acute phase of illness is dictated by the individual clinical course. When stabilized, the frequency of serial TTE evaluation will be determined by the residual pathophysiology and discrete clinical events. Thereafter, an annual stability assessment is considered medically reasonable and necessary absent defined clinical events or obvious change in physical examination findings.</p> <p>Absent clinically documented, discrete (abrupt change in signs and symptoms) episodes of deterioration, it is not generally medically necessary to augment clinical assessments with TTE measurements at more-frequent-than-annual examinations.</p> <p>Following an initial TTE in the setting of acute infarction, utilization frequency will typically be dictated by the acute clinical course. If absent clinical deterioration or unclear examination findings, repeat assessment typically includes an evaluation at discharge. Convalescent evaluation at approximately six months and annually thereafter generally provides adequate supplemental data for a clinical evaluation. The medical record should document the medical necessity of more frequent TTE assessment.</p> <p>Baseline TTE (CPT code 93308) and periodic assessment (no more frequently than annually) would be medically reasonable and necessary.</p> <p>TTE is performed weekly for the first four to eight weeks following transplant with subsequent decrease in frequency. In the absence of an acute rejection episode, approximately three TTE examinations are typically performed yearly in chronic transplant recipients.</p> <p>When echocardiography is used to monitor cardiac toxicity of chemotherapeutic agents, an initial complete TTE may be performed prior to first administration of the agent. Bimonthly TTE during therapy and follow up TTE at six months following therapy are generally considered medically appropriate. Following accidental exposure to known myocardial toxic agents, an annual assessment would be considered medically reasonable and necessary absent an abrupt change in clinical signs and/or symptoms.</p>	<input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Cardiac Tumors and Masses <input type="checkbox"/> Critically Ill and Trauma Patients <input type="checkbox"/> Suspected Cardiac Thrombi and Embolic Sources <input type="checkbox"/> Contrast Echocardiography <input type="checkbox"/> Disease of the Aorta	<p>The acute clinical status will dictate examination frequency. NOTE: Absent acute pathophysiology, serial assessment of chronic stable pericardial effusion by TTE is not usually considered medically reasonable and necessary. TTE is less reliable in the detection of chronic pericardial constriction and pericarditis.</p> <p>When the disease process and therapy are stable, serial assessment by TTE requires contemporaneous medical necessity documentation if the frequency exceeds an annual evaluation.</p> <p>These acute pathologies are not typically followed serially.</p> <p>Echocardiography plays a key role in the management of critically ill patients and trauma victims, including diagnostic and treatment strategies.</p> <p>Absent the definition of a serial assessment for regression of potentially embolic material, repeat examinations are not generally medically required to direct clinical decisions. NOTE: In those instances where the precise diagnosis and localization of potentially embolic material is of paramount therapeutic importance and the information so obtained will potentially and substantively alter therapy, or the risk of anticoagulants is inordinately high, consideration should be given to TEE.</p> <p>Contrast echocardiography is indicated when a conventional study has failed to provide adequate and critically needed information. A contrast agent is considered medically necessary when it is used to improve the delineation of the left ventricular endocardial borders in a patient whose non-contrast study is inadequate or suboptimal, and for whom the LV function information is essential to the management of the patient.</p> <p>TTE may be used to demonstrate or detect enlargement of the thoracic aorta, aortic dissection, aortic coarctions and diseases/conditions associated with aortic pathology.</p>
LIMITATIONS/TRAINING REQUIREMENTS			
<input type="checkbox"/> Echocardiographic studies that are not reasonable and necessary to obtain clinically significant diagnostic or monitoring information are not indicated. The carrier will utilize the American College of Cardiology/American Heart Association (ACC/AHA) Practice Guidelines (Class III) indications as a reference for such determinations. <input type="checkbox"/> Training Requirements: A satisfactory level of competence is expected from providers who submit claims for both technical and professional services rendered. The submission of claims serves as an attestation that services were provided within the context of required credentials. Please refer to the LCD for a specific outline of training requirements.			
DOCUMENTATION REQUIREMENTS			
<input type="checkbox"/> Each service requires a formal written report with interpretation, which should be kept on file with copies of image documentation (paper or tape) for review if requested. The quality of images obtained on any given exam is dependent on the instrumentation, the operator and the patient. <input type="checkbox"/> A Doppler interrogation should state the modes used and should give both qualitative and quantitative information where appropriate. <input type="checkbox"/> All echocardiography services require a referring or an ordering physician.			
<input type="checkbox"/> At a minimum, a complete study should contain M mode and/or 2D measurements of LV end diastolic diameter, LV end systolic diameter, LV wall thickness, left atrial diameter, aortic valve excursion and a qualitative description of the LV function, whenever possible. Individual echocardiographic laboratories (providers) may choose valid substitutes for these parameters such as LV volumes, ejection fraction and mass measurements. <input type="checkbox"/> Claims for contrast echocardiography services must be supported by documentation that conventional studies were inconclusive and there was a need for the contrast enhancement. <input type="checkbox"/> Documentation must be available upon request.			
Checklist completed by :		Date:	
<p><i>Disclaimer: The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; therefore, Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.</i></p>			