

Cardiology Procedures for eviCore healthcare Arrangement

Policy Number: CARDIOLOGY 025.22
Effective Date: January 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Applicable Codes	2
Description of Services	8
Benefit Considerations	8
Policy History/Revision Information	8
Instructions for Use	9

Related Policies

- [Credentialing Guidelines: Participation in the eviCore Healthcare Network](#)
- [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#)
- [Oxford's Outpatient Imaging Self-Referral Policy](#)
- [Radiology Procedures for eviCore healthcare Arrangement](#)

Coverage Rationale

[➔ See Benefit Considerations](#)

Oxford has engaged eviCore healthcare to perform initial reviews of requests for prior authorization that may include a site of service review (Oxford continues to be responsible for decisions to limit or deny coverage and for appeals). Refer to the Clinical Policy titled [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#).

All prior authorization requests are handled by eviCore healthcare. To obtain prior authorization for a cardiology procedure, please contact eviCore healthcare via one of the three options below:

- Providers can call 1-877-PRE-AUTH (1-877-773-2884); or
- Providers can send a fax to 1-888-622-7369; or
- Providers can log onto the eviCore website using the [Prior Authorization and Notification App](#).

eviCore healthcare has established correct coding and evidence-based criteria to determine the medical necessity and appropriate billing of cardiology services. These criterions have been carefully researched and are continually updated in order to be consistent with the most current evidence-based criteria.

Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [eviCore healthcare website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed below.

The cardiology evidence-based criteria and management criteria are available on the eviCore healthcare website using the [Prior Authorization and Notification App](#).

Treating Cardiology providers may be asked to submit a clinical submission form. The following information/documentation may be required:

- Copies of office notes and treatment planning documents.
- Results of key diagnostic studies and/or office notes.

In conjunction with board certified cardiologists and radiologists, eviCore healthcare staff will evaluate the submitted treatment and billing plans. Providers will be informed, in writing, as to which services have been approved for payment.

Where provided by state regulations, a board-certified cardiologist will be available to discuss the payment decision with the treating provider.

Privileging and Accreditation Requirements

Participating providers will be reimbursed for radiology and cardiology services rendered in the office or in an outpatient setting. The following is a list of services that are payable to participating physicians based on their specialty as well as accreditation/certification requirements are required. Prior authorization is required.

Note: Hospitals are currently excluded from the privileging and accreditation requirements below.

Exception: Radiologists and cardiologists who are currently participating in the Oxford network or wish to participate in the Oxford network and perform Coronary CT Angiography (CCTA) are required to complete the physician application from eviCore healthcare. Documents can be sent to a provider upon request or obtained on the eviCore healthcare website using the [Prior Authorization and Notification App](#).

Privileging requirement for participating providers to perform cardiac services:

Modality	Privileged
Nuclear Medicine, Cardiac CT Scan, PET, and MRI	<ul style="list-style-type: none"> • Radiologist • Radiology center/facility • Certified cardiologist • Cardiovascular disease specialists
Diagnostic Cardiac Heart Catheterizations	<ul style="list-style-type: none"> • Cardiovascular disease • Cardiology group • Pediatric cardiology • Cardiology • Clinical cardiac electro physician • Cardiac electrophysiology

Accreditation requirement for participating providers to perform cardiac services:

Modality	Certification Required
Cardiac CT Scan, Cardiac PET, Cardiac MRI, and Nuclear Medicine	ACR (American College of Radiology), IAC (Intersocietal Accreditation Commission), RadSite, or The Joint Commission (TJC)

Payment Guidelines

- The notification/authorization number is valid for 45 calendar days. It is specific to the advanced outpatient imaging procedure requested, to be performed one time, for one date of service within the 45-day period.
- Current Procedural Terminology (CPT) codes that are not subject to TC/PC component may be reimbursed to both the physician and facility when billed for the same date of service (DOS).
- ECG, diagnostic studies, and injection procedures must be billed in conjunction with an authorized cardiac catheterization code in order to be reimbursed on the same date of service. When billed in conjunction with an authorized cardiac catheterization, no separate authorization will be required in addition to the catheterization code for these services.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT/HCPCS Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	01/01/2019	FFR-CT
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	01/01/2019	FFR-CT
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	01/01/2019	FFR-CT
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	01/01/2019	FFR-CT
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	06/01/2021	Diagnostic Cardiac Heart Catheterizations
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	06/01/2021	Diagnostic Cardiac Heart Catheterizations
75557	Cardiac MRI for morphology and function without contrast material	07/01/2013	MRI
75559	Cardiac MRI for morphology and function without contrast material; with stress imaging	07/01/2013	MRI
75561	Cardiac MRI for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	07/01/2013	MRI
75563	Cardiac MRI for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	07/01/2013	MRI

CPT/HCPCS Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
75565	Cardiac magnetic resonance imaging for velocity flow mapping. <i>Note: Add on code will not require separate prior authorization in addition to primary procedure</i>	07/01/2013	MRI
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	07/01/2013	Cardiac CT Scan
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	07/01/2013	Cardiac CT Scan
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	07/01/2013	Cardiac CT Scan
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	07/01/2013	Cardiac CT Scan
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	07/01/2013	Nuclear Medicine
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	07/01/2013	Nuclear Medicine
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	07/01/2013	Nuclear Medicine
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	07/01/2013	Nuclear Medicine
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	07/01/2013	PET Scan
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	07/01/2013	PET Scan

CPT/HCPCS Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	07/01/2013	PET Scan
93303	Transthoracic echocardiography for congenital cardiac anomalies	04/01/2014 – 12/31/2022	Echocardiogram
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	04/01/2014 – 12/31/2022	Echocardiogram
93306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	04/01/2014	Echocardiogram
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	04/01/2014	Echocardiogram
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	04/01/2014	Echocardiogram
93350	Echocardiography, transthoracic, 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	04/01/2014	Stress Echocardiogram
93351	Echocardiography, transthoracic, 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 supervision by a physician or other qualified health care professional	04/01/2014	Stress Echocardiogram
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	07/01/2013	Diagnostic Cardiac Heart Catheterizations

CPT/HCPCS Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	07/01/2013	Diagnostic Cardiac Heart Catheterizations
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture. Note: <i>Add on code will not require separate prior authorization in addition to primary procedure</i>	07/01/2013	Diagnostic Cardiac Heart Catheterizations
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	06/01/2021	MRI
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	06/01/2021	MRI

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Diagnostic Catheterization Crosswalk

The chart below contains a mapping of CPT® codes that are interchangeable for prior authorization. If a provider obtains prior authorization for a procedure that corresponds with the Crosswalk, then the substitution is appropriate.

Prior Authorization Given for this CPT Code		Claim is Submitted with this CPT Code
CPT Code	Procedure Description	Code Billed
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	93453-93461
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	93451, 93452; 93454-93461
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	93452-93453; 93455-93461
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	93452-93454; 93456-93461
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	93452-93455; 93457
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	93452-93456; 93458-93461
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93452-93457; 93459-93461
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	93452-93458; 93460-93461
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93452-93459; 93461
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	93452-93460

Echocardiogram and Stress Echocardiogram Crosswalk

The chart below contains a mapping of CPT® codes that are interchangeable for prior authorization. If a provider obtains prior authorization for a procedure that corresponds with the Crosswalk, then the substitution is appropriate.

Prior Authorization Given for this CPT Code		Claim is Submitted with this CPT Code
CPT Code	Procedure Description	Code Billed
93306	Echocardiography, transthoracic, real-time w/image documentation, includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and w/color flow Doppler echocardiography	93307; 93308
93307	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	99306; 93308
93308	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, follow-up or limited study	93306; 93307
93350	Echocardiography, transthoracic, 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	93351
93351	Echocardiography, transthoracic, 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	93350

Description of Services

The following radiology procedures may require prior authorization through eviCore healthcare:

- Cardiac Computerized Axial Tomography (CAT) Scan
- Cardiac Magnetic Resonance Imaging (MRI)
- Fractional Flow Reserve (FFR-CT)
- Nuclear stress testing
- Cardiac Positron Emission Tomography (PET) Scans
- Outpatient cardiac catheterization (Elective, Left, Dual)
- Outpatient echocardiogram and stress echocardiogram

Note: Additional procedures may be added to the list of procedures requiring prior authorization through eviCore healthcare, as necessary.

Benefit Considerations

Groups with Out-of-Network Benefits

Oxford commercial members who have out-of-network benefits also need to obtain prior authorization for outpatient cardiology studies when seeing an out-of-network provider.

Policy History/Revision Information

Date	Summary of Changes
01/01/2023	Title Change <ul style="list-style-type: none"> • Previously titled <i>Cardiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement</i>

Date	Summary of Changes
	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialties listed [in the policy] ○ A notification/authorization number is valid for 45 calendar days; it is specific to the advanced outpatient imaging procedure requested, to be performed one time, and for one date of service within the 45-day period ● Revised accreditation requirement for participating providers to perform cardiac services; updated list of applicable certification sources: <p><i>Cardiac CT Scan, Cardiac PET, Cardiac MRI</i></p> <ul style="list-style-type: none"> ○ Added “RadSite” <p><i>Nuclear Medicine</i></p> <ul style="list-style-type: none"> ○ Added: <ul style="list-style-type: none"> ▪ American College of Radiology (ACR) ▪ Intersocietal Accreditation Commission (IAC) ▪ RadSite ○ Removed: <ul style="list-style-type: none"> ▪ American Board of Radiology (ABR) ▪ American Board of Nuclear Medicine (ABNM) ▪ American Osteopathic Board of Nuclear Medicine (AOBNM) ▪ Certification Board of Nuclear Cardiology (CBNC) <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Added language to indicate prior authorization is no longer required for CPT codes 93303 and 93304 ● Updated list of applicable CPT codes to reflect annual edits; revised description for 99306 <p><i>Echocardiogram and Stress Echocardiogram Crosswalk</i></p> <ul style="list-style-type: none"> ● Updated list of CPT codes that are interchangeable for prior authorization; removed 93303 and 93304 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Clinical Evidence</i> and <i>References</i> sections to reflect the most current information ● Removed <i>Prior Authorization Requirements</i> section ● Archived previous policy version CARDIOLOGY 025.21 T2

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.