

CARDIOLOGY PROCEDURES REQUIRING PRECERTIFICATION FOR EVICORE HEALTHCARE ARRANGEMENT

Policy Number: CARDIOLOGY 025.10 T2

Effective Date: January 1, 2019

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Related Policies
<ul style="list-style-type: none"> • Credentialing Guidelines: Participation in the Radiology Network • Oxford's Outpatient Imaging Self-Referral • Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, 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.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ¹
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office
Special Considerations	¹ Refer to the Benefit Considerations section for precertification guidelines for Members enrolled in: <ul style="list-style-type: none"> • New York Large or Small, Connecticut Large or Small, or New Jersey Large group plans with out-of-network benefits. • New Jersey (NJ) Small group plans, NJ Individual Plans (for Date of Service (DOS) prior to 01/01/17), NJ School Board plans and NJ Municipality plans.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

New York (NY) Large and Small groups, Connecticut (CT) Large and Small Groups and New Jersey (NJ) Large Groups with Out-of-Network Benefits

Oxford commercial Members who have out-of-network benefits and are part of a New York Large or Small, Connecticut Large or Small, or New Jersey Large group plan also need to obtain precertification for outpatient Cardiology studies when seeing an out-of-network provider.

New Jersey (NJ) Small, NJ Individual (for Date of Service (DOS) prior to 01/01/17), NJ School Board and NJ Municipality Products

New Jersey (NJ) Small, NJ Individual (for DOS prior to 01/01/17), NJ School Board and NJ Municipality products, services indicated as requiring a precertification (as indicated with a * or **) require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician's responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

Essential Health Benefits for Individual and Small Groups

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Oxford has engaged eviCore healthcare to perform initial reviews of requests for pre-certification (Oxford continues to be responsible for decisions to limit or deny coverage and for appeals).

All pre-certification requests are handled by eviCore healthcare. To pre-certify 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 criteria have been carefully researched and are continually updated in order to be consistent with the most current evidence-based criteria.

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. Precertification 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
Nuclear Medicine	American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM), American Osteopathic Board of Nuclear Medicine (AOBNM), Certification Board of Nuclear Cardiology (CBNC), or The Joint Commission (TJC)
Cardiac CT Scan Cardiac PET Cardiac MRI	ACR (American College of Radiology), IAC (Intersocietal Accreditation Commission), or The Joint Commission (TJC)

Payment Guidelines

- 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 Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	01/01/2019	Diagnostic Cardiac Heart Catheterizations

CPT Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
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
75565	Cardiac magnetic resonance imaging for velocity flow mapping. Note: Add on code will not require separate precertification in addition to primary procedure	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 LV cardiac function, RV structure and function and evaluation of venous 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

CPT Code	Procedure Description	Effective for Claims with Dates of Service (on or after):	Type
78459	Myocardial imaging, positron emission tomography (pet) metabolic eval	07/01/2013	PET Scan
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	07/01/2013	PET Scan
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress	07/01/2013	PET Scan
93303	Transthoracic echocardiography for congenital cardiac anomalies	04/01/2014	Echocardiogram
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	04/01/2014	Echocardiogram
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	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 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: Add on code will not require separate precertification in addition to primary procedure	07/01/2013	Diagnostic Cardiac Heart Catheterizations

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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 Table, 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

Prior Authorization given for this CPT code		Claim is submitted with this CPT code
CPT Code	Procedure Description	Code Billed
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	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; 93457-93461
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 Table, 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
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	93304; 93306-93308
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	93303; 93306-93308
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	93303; 93304 93307; 93308

Prior Authorization given for this CPT code		Claim is submitted with this CPT code
CPT Code	Procedure Description	Code Billed
93307	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	93303; 93304 99306; 93308
93308	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, follow-up or limited study	93303; 93304 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 precertification through eviCore healthcare:

- Cardiac Computerized Axial Tomography (CAT) Scan
- Cardiac Magnetic Resonance Imaging (MRI)
- 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 precertification through eviCore healthcare, as necessary.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Updated list of applicable CPT codes to reflect annual code edits; added 33289 • Archived previous policy version CARDIOLOGY 025.9 T2