

# Cardiology Services Professional Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to providers who render cardiology services to members of the CarePartners of Connecticut plans selected above.

**Note:** Audit and disclaimer information is located at the end of this document.

## Policy

CarePartners of Connecticut covers medically necessary cardiology services, in accordance with the member's benefits.

## General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

## Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

No referrals, prior authorizations or inpatient notifications are required for in-network cardiology services. Referrals are required for out-of-network services rendered for HMO members.

## Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

## Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and/or applicable fee schedules.

### Cardiac Event Detection

CarePartners of Connecticut does not routinely compensate 93228-93229 (external mobile cardiovascular telemetry [MCT]), or 93268-93272 (external patient activated ECG event recording) when billed more than once in a six-month period by any provider.

### Cardiac Stress Tests

CarePartners of Connecticut does not routinely compensate 93015-93018 (cardiac stress tests) or 93350 (stress echocardiograph testing) for a member 15 years of age or older on the date of service if the only diagnosis on the claim is for a general routine exam or a screening for cardiovascular disorders.

## Cardiovascular Implant Device Monitoring Services

CarePartners of Connecticut does not routinely compensate 93260-93261, 93282-93284, 93289, 93292, 0575T or 0576T (Programming/interrogation device evaluation [in person] defibrillator system) when billed greater than once in a three-month period for a diagnosis indicating the presence of an automatic (implantable) cardiac defibrillator.

## Echocardiography

CarePartners of Connecticut will not routinely compensate for a complete fetal echocardiography (76825, 76827) if the same complete echocardiography has been billed within six months from the first date of service with the same diagnosis.

## Electrocardiograms

CarePartners of Connecticut does not routinely compensate routine electrocardiograms (93000) when billed in an office setting with a screening or general routine exam and the patient's age is 18-65, unless an appropriate additional diagnosis is also present on the claim.

## Evaluation and Management (E&M) Services

CarePartners of Connecticut does not compensate for E&M services when billed with the following services, as the E&M is considered inclusive to the service:

- Noninvasive physiologic study and procedures
- Stress tests

## Noninvasive Vascular Studies

CarePartners of Connecticut does not compensate for duplex scans of extracranial arteries (93880, 93882) when billed in an office setting and the patient is 18 years or older, unless a diagnosis of carotid artery stenosis symptom is also present.

## Professional Component of Radiology Services in Facilities

CarePartners of Connecticut does not routinely compensate professional radiology services when billed by a cardiologist in the inpatient or outpatient hospital setting.

## Additional Resources

[Imaging Services Professional Payment Policy](#)

## Document History

- September 2023: Annual policy review; administrative updates
- June 2022: Annual policy review; no changes
- June 2021: Policy reviewed by committee; updated previously communicated claim edit for cardiovascular implant device monitoring services; and cardiac stress tests
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2020: Policy reviewed by committee; clarified there are no referral, authorization, or inpatient notification requirements for CarePartners of Connecticut members
- May 2019: Added claim edit for echocardiography, effective for dates of service on or after July 1, 2019
- January 2019: Policy Created

## Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.