

Cardiology Services Professional Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Premier
- ☒ CareAdvantage Prime
- ☒ CareAdvantage Preferred

The following payment policy applies to CarePartners of Connecticut contracting cardiologists and ancillary providers rendering cardiology services in a physician office, inpatient or outpatient facility.

In addition to the specific information contained in this policy, providers must adhere to the policy information outlined in the [Professional Services and Facilities Payment Policy](#).

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 [website](#) or by contacting CarePartners of Connecticut Provider Services at 888.341.1508.

Pacemakers

Pacemakers are covered in accordance with Medicare Coverage Guidelines. Refer to Chapter 1, Part 1 (Section 20.8-20.8.3) of the Medical NCD Manual for detailed information.

BILLING INSTRUCTIONS

- Submit a modifier when appropriate with the corresponding CPT and/or HCPCS procedure code(s). Append modifier 26 to indicate professional services whether in an office, inpatient or outpatient setting
- Submit global services on one line. Do not append a modifier when submitting claims for global services; providers should only bill globally when they have performed the imaging service and the interpretation in an office setting
- Submit bilateral same day services on one line; the number of services/units should not exceed one

Cardiac Monitoring Services

The following table lists cardiac monitoring CPT codes that are accepted by CarePartners of Connecticut. An ancillary provider may bill only the procedure code(s) in accordance with their provider agreements. The absence and/or presence of a procedure code is not an indication and/or guarantee of coverage and/or payment.

Code	Description
93224	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	Recording (includes hook-up, recording, and disconnection)
93226	Scanning analysis with report
93227	Physician review and interpretation
93229	Technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional

Code	Description
93230	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231	Recording (includes hook-up, recording, and disconnection)
93232	Microprocessor-based analysis with report
93233	Physician review and interpretation
93235	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236	Monitoring and real-time data analysis with report
93237	Physician review and interpretation

Home Cardiac Monitoring Services

Ancillary providers may bill only the following home cardiac monitoring procedure code(s) in accordance with their provider agreements.

Procedure Code	Description
G0248	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing
G0249	Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; per 4 tests
G0250	Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per 4 tests (does not require face-to-face service)

COMPENSATION/REIMBURSEMENT INFORMATION

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 18 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 or 93295 (automatic implantable cardiac defibrillator [AICD] monitoring) billed greater than once per three months when the diagnosis is presence of automatic implantable cardiac defibrillator.

Echocardiography

Effective for dates of service on or after July 1, 2019, Tufts Health Plan 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.

E&M Service Billed with Cardiovascular Services

CarePartners of Connecticut does not compensate an E&M service when billed with a noninvasive physiologic study and procedure, as the E&M service is included in the noninvasive physiologic study and procedure. CarePartners of Connecticut will consider compensation for services rendered if the appropriate modifier is appended to the E&M procedure code.

E&M Service Billed with a Stress Test

CarePartners of Connecticut does not compensate an E&M service when billed with a stress test as the E&M service is included in the stress test. CarePartners of Connecticut will consider compensation for services rendered if the appropriate modifier is appended to the E&M procedure code. Refer to the AMA CPT Manual for additional information.

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 Facility Places of Service

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

DOCUMENT HISTORY

- 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 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.