



**PROVIDER BULLETIN**  
#01-2014

**TO:** Participating hospitals and ambulatory surgical centers

**FROM:** Contracting and Provider Networks

**DATE:** January 31, 2014

**SUBJECT:** Upcoming precertification changes for outpatient echocardiography services

Independence Blue Cross (IBC) and its Affiliates are dedicated to meeting the evolving needs of our members and ensuring that they receive coverage for care that is consistent with recognized best practices. With that in mind, we are writing to notify you about upcoming changes to our diagnostic imaging management program administered by AIM Specialty Health® (AIM). AIM is an independent company contracted with IBC to perform precertification for select diagnostic imaging services for most managed care members.

**Upcoming changes**

Effective for commercial HMO, POS, and PPO members for dates of services on or after May 1, 2014, IBC is expanding the Appropriate Use of Diagnostic Imaging Program to include the outpatient echocardiography services listed in the table below.

Echocardiography service	CPT® code	Description
Stress echocardiography (SE)	93350	Transthoracic stress echo, complete
	93351	Transthoracic stress echo, complete w/cont EKG
Resting transthoracic echocardiography (TTE)	93303	Transthoracic echo cardiac anomalies
	93304	Transthoracic echo cardiac anomalies, limited
	93306	Transthoracic echo complete w/color & spectral
	93307	Transthoracic echo complete w/o color & spectral
	93308	Transthoracic echo limited
Transesophageal echocardiography (TEE)	93312	Transesophageal echo
	93313	Transesophageal echo probe only
	93314	Transesophageal echo interpretation
	93315	Transesophageal echo congenital
	93316	Transesophageal echo congenital, probe only
	93317	Transesophageal echo congenital interpretation

*continued on next page*

---

**We encourage you to share this information with appropriate members of your staff.**

---

Echocardiography service	CPT <sup>®</sup> code	Description
<b>Add-on codes</b>	93320*	Doppler echo complete
	93321*	Doppler echo limited
	93325*	Doppler echo flow velocity
	93352*	Echo contrast agent (SE only)

\*Denotes a CPT code that is an add-on/secondary code to the primary code and does not require AIM precertification.

Beginning April 21, 2014, ordering providers may begin requesting precertification for stress echocardiography (SE), transthoracic echocardiography (TTE), and transesophageal echocardiography (TEE) services for dates of service on or after May 1, 2014, in one of the following ways:

- online through the NaviNet<sup>®</sup> web portal
- by calling 1-800-ASK-BLUE (1-800-275-2583)

AIM will issue an authorization (order) number for approved SE, TTE, or TEE services. As with other outpatient diagnostic services, we recommend that servicing providers confirm an authorization number has been issued before rendering services to a member. Servicing providers' claims will adjudicate based on the results of the precertification review.

### Voluntary pre-exam questions

Please note that during the precertification process, pre-exam questions will be requested for SE services. These questions include those regarding the patient's weight, systolic blood pressure, total cholesterol level, smoking status, and whether the patient has been diagnosed as diabetic.

While the completion of the pre-exam questions is voluntary, it is important to note that it facilitates the order review process for SE services. Providing this information will reduce the time it takes to receive an authorization number. *Note:* This information will not be requested for members who are younger than 19.

### For more information

On the next page, we have included an abbreviated list of TTE indications for Heart Failure/ Cardiomyopathy/Left Ventricular Dysfunction. Please refer to the Clinical Guidelines available on the AIM website at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com) for more information.

We believe the changes we are making to our diagnostic imaging management program will further our objective of providing a clinically appropriate, consistent, and efficient case review process. For more information about our diagnostic imaging management program, please review our medical policies, which are available at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).

If you have any questions about these changes, please contact your Network Coordinator.

*CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

*NaviNet is a registered trademark of NaviNet, Inc., an independent company.*

*The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.*

## Clinical Guidelines for Transthoracic Echocardiography (TTE): Heart Failure/Cardiomyopathy/Left Ventricular Dysfunction\*

The following is an abbreviated list of TTE indications for Heart Failure/Cardiomyopathy/Left Ventricular Dysfunction:

- initial evaluation of known or suspected heart failure; **OR**
- reevaluation of patients with known heart failure (systolic or diastolic) in a patient with a change in clinical status; **OR**
- reevaluation of patients with known left ventricular dysfunction (systolic or diastolic) in a patient with a change in clinical status; **OR**
- reevaluation of clinically stable adult (19 years or older) patients with left ventricular systolic dysfunction (left ventricular ejection fraction <55%) at yearly intervals; **OR**
- reevaluation of clinically stable non-adult (18 years or younger) patients with left ventricular systolic dysfunction (left ventricular ejection fraction <60%) at six monthly intervals; **OR**
- screening study every two years in clinically stable first-degree relatives of patients with inherited cardiomyopathy; **OR**
- evaluation of suspected restrictive, infiltrative, or genetic cardiomyopathy; **OR**
- initial evaluation of suspected hypertrophic obstructive cardiomyopathy (HOCM); **OR**
- reevaluation of known HOCM in a patient with a change in clinical status to guide or evaluate therapy; **OR**
- annual reevaluation of non-adult (18 years or younger) first-degree relatives of patients with established HOCM; **OR**
- evaluation every five years of adult (19 years or older) first-degree relatives of patients with established HOCM; **OR**
- annual reevaluation of asymptomatic adult (19 years or older) patients with known HOCM; **OR**
- reevaluation of asymptomatic non-adult (18 years or younger) patients with known HOCM at six monthly intervals.

For the complete list, please refer to the Clinical Guidelines available on the AIM Specialty Health® website at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com).

*\*From the AIM Specialty Health Clinical Appropriateness Guidelines*