

# MEDICAL POLICY STATEMENT INDIANA MEDICAID

Original Issue Da	te Next A	nnual Review	Effective Date			
11/01/2017	11	1/01/2018	12/17/2017			
Policy Name			Policy Number			
Transthoracic Echocardiogram			MM-0182			
Policy Type						
MEDICAL	Administrative	Pharmacy	Reimbursement			

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Transthoracic Echocardiogram Indiana Medicaid

MM-0182

Effective Date: 12/17/2017

### A. SUBJECT

## Transthoracic Echocardiogram

#### **B. BACKGROUND**

Transthoracic echocardiography (TTE) for quantitative and qualitative assessment of cardiac anatomy and function is the main noninvasive imaging method. The three types of imaging most commonly observed include: two-dimensional (2D) echocardiography providing tomographic or "thin slice" imaging, comprehensive echocardiographic examination involving imaging the heart from multiple observable orientations and three-dimensional (3D) echocardiograph which provides greater accuracy in the evaluation of cardiac chamber volumes and cardiac valves and abnormalities.

# C. DEFINITIONS

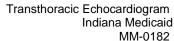
•Transthoracic echocardiogram (TTE) - is a type of echocardiogram in which an ultrasound probe (or ultrasonic transducer) is placed on the chest or abdomen of the patient to obtain various views of the heart

#### D. POLICY

- I. CareSource does not require a prior authorization for a transthoracic echocardiogram (TTE).
- II. Transthoracic echocardiography may be indicated for 1 or more of the following:
  - A. Acute thromboembolic event
  - B. Aortic dissection
  - C. Ascending aortic aneurysm, known, or history of aortic dissection
  - D. Atrial fibrillation
  - E. Cardiac Shunt
  - F. Cardiovascular evaluation in acute setting
  - G. Chest pain, pediatric
  - H. Congenital heart disease
  - I. Endocarditis, known or suspected
  - J. Heart failure, cardiomyopathy, or left ventricular dysfunction, known or suspected
  - K. Heart murmur
  - L. Hypertension
  - M. Pericardial disease
  - N. Preoperative or preprocedural planning needed
  - O. Prosthetic heart valve
  - P. Pulmonary embolism
  - Q. Pulmonary hypertension, cor pulmonale, or unexplained dyspnea
  - R. Syncope
  - S. Thoracic aortic aneurysm
  - T. Thoracic aortic aneurysm in patient with bicuspid aortic valve
  - U. Valvular heart disease

**Note:** Although a transthoracic echocardiogram does not require a prior authorization, compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.





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**E. CONDITIONS OF COVERAGE** 

HCPCS CPT

#### **AUTHORIZATION PERIOD**

# F. RELATED POLICIES/RULES

# G.REVIEW/REVISION HISTORY

DATES		ACTION		
Date Issued	11/01/2017	New Policy.		
Date Revised				
Date Effective	12/17/2017			

# H. REFERENCES

- Patel,MD, A. (2017, March 31). Transthoracic echocardiography: Normal cardiac anatomy and tomographic views. Retrieved September 15, 2017, from https://www.uptodate.com/contents/transthoracic-echocardiography-normal-cardiac-anatomyand-tomographic-views?source=search\_result&search=transthoracic echocardiography&selectedTitle=1~150
- 2. MCG, 20th Edition, ACG: A-0111 (AC)

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

