MEDICAL POLICY STATEMENT
INDIANA MEDICAID

Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017
Policy Name		**Policy Number**
Transthoracic Echocardiogram		MM-0182
Policy Type		
MEDICAL	Administrative / Pharmacy	Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

Contents of Policy

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.

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

1. 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-anatomy-and-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.