Cardiology Services
Payment Policy

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses contracted health care providers for covered, medically necessary cardiology services.

Cardiology is the medical specialty that focuses on the diagnosis and treatment of disorders and diseases of the heart and circulatory system. Services include cardiac stress tests, electrocardiography (EKGs/OECGs), echocardiography, and cardiac catheterization; specialty services such as nuclear stress testing; and surgical procedures including angioplasty, stent placement, coronary endarterectomy, pacemaker and defibrillator placement, and open-heart surgery.

General Benefit Information

Services and subsequent payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members’ copayments before initiating services. Please visit our eTools page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to copayments, deductibles, and co-insurance, and will be applied depending upon the member’s benefit plan.

Certain services may require prior authorization or referral. Please refer to the member’s subscriber certificate for more information and Authorization Requirements by Product.

Payment Information

Blue Cross reimburses health care providers based on:

- Network provider reimbursement or contracted rates
- Member benefits

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:

- Cardiac catheterization and transfer.
  - The one-way ambulance service transfer of a member from one outpatient facility to another for cardiac catheterization or other procedure.
- Cardiac monitoring.
  - Cardiac event monitors.
  - Holter monitors.
  - Trans-telephonic transmission of post-symptom electrocardiograms.
- Cardiac rehabilitation.
  - Cardiac rehabilitation services when ordered by the primary care provider or participating specialist.
  - See the Cardiac Rehabilitation Payment Policy for additional information.
- Cardiac stress tests.
  - Cardiac stress test components when the service is limited to:
    - Interpretation and reporting only.
    - Supervision only.
    - Tracing only.
  - Global cardiac stress tests when the services include the following:
    - Continuous EKG monitoring and pharmacological stress with supervision.
    - Treadmill or bicycle exercise.
    - Interpretation and reporting.
- General cardiology.
  - Multiple electrocardiograms (ECG/EKGs) per day.
  - Interpretation of an ECG/EKG associated with Holter or cardiac event monitor.
  - Transcatheter repair of congenital heart defects.
- Cardiac surgery.
  - Including:
    - Angioplasty.
- Coronary artherectomy.
- Pacemaker or pacing cardioverter defibrillator insertion.
  - Global rate includes all pre- and post-operative visits within the specific global periods defined for each surgical code (0, 10, 90 days) as determined by the National Physician Fee Schedule file (NPFS).
  - Multiple surgical procedures in accordance with standard guidelines.
  - Assistant surgery services when applicable (bill with assistant surgery modifier).

**Blue Cross does not reimburse:**
- Diagnostic screening testing including echocardiography reported with a routine diagnosis code.
- Ambulance services to an ambulance company for transfers back and forth for cardiac catheterization or other procedures when the transferring facility is a DRG facility.
- Drug stressors in conjunction with testing.
- Facilities for “C” HCPCS codes when there is an equivalent CPT that represents the same service.

### Billing Information

**Specific billing guidelines**
- When billing for electrocardiograms or rhythm strips, there must be a separate, signed, written retrievable report.
- Cardiac catheterization:
  - Bill revenue code 481.
- Cardiac rehabilitation:
  - See [Cardiac Rehabilitation Payment Policy](#) for additional information.

Please note, the absence or presence of a procedure code or service does not imply or guarantee coverage or reimbursement.

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Professional component</td>
<td>Use when reporting the professional component of cardiac catheter services only.</td>
</tr>
</tbody>
</table>

**CPT and HCPCS codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>92921</td>
<td>Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)</td>
<td>Not reimbursed for professional services (Status B indicator codes).</td>
</tr>
<tr>
<td>92925</td>
<td>Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>92929</td>
<td>Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>92934</td>
<td>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>92938</td>
<td>Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>92944</td>
<td>Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Service description</td>
<td>Comments</td>
</tr>
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</tr>
<tr>
<td>92977</td>
<td>Thrombolysis, coronary; by intravenous infusion</td>
<td>Not reimbursed to physicians in an inpatient/hospital outpatient setting.</td>
</tr>
</tbody>
</table>
| 93000    | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report | • Report for global billing.  
• Do not report with TC or 26 modifier. |
| 93005    | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report | • Report for tracing only.  
• Do not report with TC or 26 modifier. |
| 93010    | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only | • Report for interpretation and report only.  
• Do not report with TC or 26 modifier. |
| 93015    | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report | • Report for global billing.  
• Do not report with TC or 26 modifier. |
| 93016    | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report | • Report for supervision services only.  
• Do not report with TC or 26 modifier. |
| 93017    | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report | • Report for tracing only.  
• Do not report with TC or 26 modifier. |
| 93018    | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only | • Report for interpretation and report only.  
• Do not report with TC or 26 modifier. |
| 93040    | Rhythm ECG, 1-3 leads; with interpretation and report                                  | Not reimbursed with E/M services.                                                             |
| 93042    | Rhythm ECG, 1-3 leads; interpretation and report only                                   | Not reimbursed.                                                                               |
| 93268 -  | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording | • Report each on its own line of the 1500 claim.  
• Report only the initial date of service; not the date range.  
• Use for telephonic transmission. |
| 93672    |                                                                                       |                                                                                              |
| A9501-    | Radiopharmaceuticals                                                                   | Not reimbursed.                                                                               |
| A9551    |                                                                                       |                                                                                              |
| C8921 -  | Transthoracic echocardiography with contrast or without contrast                      | Not reimbursed to facility, report with equivalent CPT code.                                  |
| C8930    |                                                                                       |                                                                                              |
| C9600 -  | Percutaneous transcatheter replacement of drug eluting stent                           |                                                                                              |
| C9601    |                                                                                       |                                                                                              |
| C9602-    | Percutaneous transluminal coronary artherectomy                                         |                                                                                              |
| C9603    |                                                                                       |                                                                                              |
| C9604 -  | Percutaneous transluminal revascularization                                            |                                                                                              |
| C9608    |                                                                                       |                                                                                              |
| Revenue Code |                                                                                           |                                                                                              |
| 0481     | Cardiac cath lab                                                                       |                                                                                              |

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes
- Modifiers that affect payment in the first modifier field, followed by informational modifiers
Payment policies are intended to assist providers in obtaining Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors, including: the terms of the participating provider’s contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

MPC-111315-3X-4-PP