

Echocardiography Reimbursement Guide

This guide provides coverage and payment information for diagnostic ultrasound and related ultrasound guided procedures. This information was obtained from third-party sources and is subject to change without notice, as Medicare and other payers may change their reimbursement policies at any time. This document is for educational purposes only. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for service rendered and to ensure any services provided to patients and submitted for reimbursement are medically necessary. EchoNous, Inc. makes no guarantees concerning reimbursement or coverage. If you have questions related to how to bill for these services appropriately, please contact your own reimbursement staff or the patient's insurer, as EchoNous, Inc. cannot provide specific reimbursement guidance.

Payment Policies

Medicare, as of May 2007, implemented a National Coverage Decision (NCD) regarding diagnostic ultrasound studies.¹ Generally medically necessary services provided within the physician's scope of practice and license, that meet coverage criteria indicated in the policy are reimbursable. Under both the NCD and expanded by some Medicare Administrative Contractors (MACs) in Local Coverage Determinations (LCDs) additional requirements apply to diagnostic ultrasound, in which physicians that interpret and/or perform certain ultrasound services must demonstrate relevant and documented training or post-graduate CME in order to qualify for payment. In addition, if a sonographer is utilized for imaging, there may be certification requirements. It is recommended that prior to performing the ultrasound check with your Part B MAC.

Payment policy for other non-Medicare payers will vary both by carrier and plan.

The below chart reflects 2020 unadjusted national Medicare physician fee schedule for global services in the office or the professional services performed at a facility. For outpatient technical components, the 2020 Outpatient Prospective Payment System (OPPS) are provided. The rates have been adjusted to the DRA-imposed cap. Actual payments will vary by location.

CPT Code	CPT Code Descriptor	2020 Medicare Physician Fee Schedule — National Average*			2020 Hospital Outpatient Prospective Payment System (OPPS) [†]	
		Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
93306	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, with spectral Doppler and color flow Doppler.	\$211.49	\$75.07	\$136.42	5524	\$481.58
93307	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, without spectral Doppler or color flow Doppler.	\$144.00	\$46.19	\$97.80	5523	\$233.04

¹ Medicare National Coverage Determinations Manual, Ch. 1, Part 4, § 220.5, Ultrasound Diagnostic Procedures (Effective May 22, 2007) (Rev. 173, Issued: 09-04-14, Effective: Upon Implementation: of ICD-10, Implementation: Upon Implementation of ICD-10), (available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf).

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+93320	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); complete.	\$54.50	\$18.77	\$35.73	Packaged Service	No Payment
+93321	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); follow up or limited.	\$27.07	\$7.58	\$19.49	Packaged Service	No Payment
+93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$25.26	\$3.25	\$22.01	Packaged Service	No Payment
93308	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; follow up or limited	\$100.69	\$26.35	\$74.34	5523	\$233.04
93303	Transthoracic echocardiography for congenital cardiac anomalies, complete	\$237.47	\$65.32	\$172.15	5524	\$481.58
93304	Transthoracic echocardiography for congenital cardiac anomalies, follow-up or limited	\$163.12	\$37.53	\$125.59	5524	\$481.58
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report.	Non-facility payment \$72.18	NA	NA	NA	NA

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* Source of Information: Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – Final Rule, Addendum B

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

Reimbursement rates shown for payment of services under the Physicians Fee Schedule reflect a 2020 conversion factor of \$36.0896

† Source: CMS OPFS -

<https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn>

Please use this Reimbursement Information in conjunction with the KOSMOS Reimbursement Guide.

Disclaimer: The information in this handout is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available to EchoNous, Inc. of the date listed above. Subsequent guidance might alter the information provided. EchoNous disclaims any responsibility to update the information provided.

It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. A provider should not rely on any information provided by EchoNous in submitting any claim for payment, without confirming that information with an authoritative source.



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