

# CARDIOLOGY IMAGING PROGRAM

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# CARDIOLOGY IMAGING PROGRAM

This chapter describes our diagnostic imaging management program for outpatient cardiology for selected HIP members, including:

- Prior approval procedures
- Cardiology imaging scheduling procedures

## OVERVIEW

The EmblemHealth Cardiology Imaging Program provides cardiology imaging management for outpatient cardiology imaging services. Services targeted for utilization management depend on the EmblemHealth benefit plan.

The Program also covers clinical standard and expedited appeals (excluding members with Medicare plans).

## MEMBERS EXEMPT FROM THE EMBLEMHEALTH CARDIOLOGY IMAGING PROGRAM

While most of our members' covered cardiology imaging services are managed through this program, the following exceptions apply.

Members whose care is managed by Montefiore (CMO) or HealthCare Partners (HCP) must contact the applicable organization for prior approval. See the member's ID card or eligibility information at [www.emblemhealth.com](http://www.emblemhealth.com) to determine whether HIP, CMO or HCP is the managing entity responsible for managing a member's care. If HIP is the managing entity, then the instructions in this chapter apply.

Members who selected a PCP affiliated with AdvantageCare Physicians or St. Barnabas Hospital (see member's ID card) are excluded from this program. AdvantageCare Physicians and St. Barnabas Hospital PCPs must enter a prior approval request at [www.emblemhealth.com](http://www.emblemhealth.com).

The **Cardiology Imaging Prior Approval Code List For EmblemHealth CompreHealth EPO, EmblemHealth Medicare HMO/PPO, GHI HMO, Vytra and HIP Benefit Plans** chart later in this chapter applies to the members listed above as well. Only the managing entity varies. Please refer to the **Care Management** chapter for information on how to obtain prior approval for these members.

### **Vytra (Retired)**

Vytra HMO and Vytra ASO plans prior to January 1, 2016 covered cardiology imaging services for their members and were excluded from the EmblemHealth Cardiology Imaging Program. As of January 1, 2016 members with the Vytra Premium Network follow the procedures in this chapter.

## PRIOR APPROVAL PROCEDURES

## Services Requiring Prior Approval

Please refer to the **charts** later in this chapter for a list of services (and CPT-4 codes) that require prior approval. **Note:** All echocardiography exams require a prior approval regardless of the number of exams the member has had previously.

Each procedure requires a separate prior approval. Prior approvals are specific to the CPT-4 code and site location. They are valid for 45 days from the approval date.

Claims will be denied for procedures that require but did not receive prior approval through this program. In such cases, the member will not be liable for billing or payment.

### **Prior approval is required for services performed in the following places of service:**

- Outpatient hospital facilities
- Freestanding radiology facilities
- Radiology office-based settings
- Non-radiology office-based settings

### **Prior approval is required for the following types of services:**

- Services with the **CPT-4 codes** later in this chapter
- All coronary computed tomographic angiography (CCTA) services
- Services performed in ambulatory surgery centers (cardiac catheterization procedures only)

### **Prior approval is not required for services performed in the following places of service:**

- Inpatient hospital facilities
- Hospital emergency departments
- Services provided when one of EmblemHealth's companies is the secondary insurer

## Who Requests Prior Approval

We encourage PCPs or specialists to initiate the prior approval request. But requests will be accepted from the physician's office staff.

PCPs referring patients to a cardiologist for testing are responsible for initiating the prior approval request according to the instructions in this chapter. In cases where a cardiologist is already treating the patient, that cardiologist should initiate the request. The treating practitioner is ultimately responsible for ensuring that all applicable cardiology imaging procedures at the applicable service location have received prior approval.

## How To Obtain Prior Approval

You may submit prior approval requests in one of three ways:

- **Online:** Visit [www.evicore.com](http://www.evicore.com). To submit online prior approval requests, the ordering physician must be a registered user. To register for a user ID and password, visit [www.evicore.com](http://www.evicore.com) and click the "Register" button.
- **By phone:** Call **1-866-417-2345** for HIP, EmblemHealth CompreHealth EPO, EmblemHealth Medicare HMO, GHI HMO and Vytra plan members. Call **1-800-835-7064** for EmblemHealth Medicare PPO plan members. Program representatives are available Monday through Friday,

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from 7 am to 7 pm. The Program is closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day. Multiple requests may be handled with one call.

- **By fax:** The fax option applies only to prior approval requests for cardiac imaging codes. You may fax these requests to **1-888-622-7369**. With your fax submission, please include an EmblemHealth-specific cardiac imaging clinical request form. This form is available at **www.evicore.com**.

## **Please have the following information available when you call:**

- The patient's full name, member ID number and insurance information
- The exam(s) requested for the patient
- The working diagnosis or rule-out
- The signs and symptoms that call for the exam, as well as their duration
- Any previous imaging studies performed, corresponding results or pertinent lab results
- History of prior treatment methods, drugs, surgery or other therapies, as well as duration of prior treatment
- Any other information indicating the need for the exam

## **Expedited Approval Requests**

The website cannot be used for expedited approval requests. These requests must be processed through the call center. Call **1-866-417-2345** for HIP, EmblemHealth CompreHealth EPO, GHI HMO, Vytra and EmblemHealth Medicare HMO plan members. Call **1-800-835-7064** for EmblemHealth Medicare PPO plan members. Program representatives are available 24 hours a day, 7 days a week. The program is closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day.

## **Urgent Requests**

If the cardiology treatment is medically urgent and must be performed outside the Program's business hours, the physician may deliver treatment and must submit the prior approval request (with supporting clinical documentation) within two business days. Urgent requests are reviewed against medical necessity criteria, and an approval is issued as long as the request meets these medical necessity criteria. Urgent requests will be completed within 24 hours of receiving the request.

The website cannot be used for urgent approval requests. These requests must be processed through the call center. Call **1-866-417-2345** for HIP, EmblemHealth CompreHealth EPO, GHI HMO, Vytra and EmblemHealth Medicare HMO plan members. Call **1-800-835-7064** for EmblemHealth Medicare PPO plan members. Program representatives are available 24 hours a day, 7 days a week. The program is closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day.

## **Non-Urgent Requests**

Non-urgent requests will be completed within three business days of receiving all necessary information, or within the time frames otherwise required by the member's benefit plan (see **Standard Pre-Service Review** in the **Care Management** chapter). In most cases, we will review and determine prior approvals during the initial phone call, as long as all the required

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information is provided. The review and determination processes may, however, take longer if member or practitioner eligibility verification is required, or if the request requires additional clinical review (see **Standard Pre-Service Review** in the **Care Management** chapter).

A physician with office hours later than the Program's call center may initiate a case through the Program's website. We will process the request on the next business day.

## Modifying a Prior Approval Request

If it becomes necessary to change or update the procedure after prior approval is obtained, we must be contacted no later than 48 hours after the modified procedure is performed. If the prior approval for the treatment plan is not updated and the claim does not match the authorized procedures, the claim will be denied for payment, with no liability to the member.

## Verifying the Prior Approval Status

To verify the status of a prior approval request, either call the numbers that follow or visit the Authorization Lookup section of the website at [www.evicore.com](http://www.evicore.com). Call **1-866-417-2345** for HIP, EmblemHealth CompreHealth EPO, GHI HMO, Vytra and EmblemHealth Medicare HMO plan members. Call **1-800-835-7064** for EmblemHealth Medicare PPO plan members.

**Note:** While we may approve or deny a prior approval request, this determination is based on medical necessity only. Always verify member eligibility, benefits and copayments directly with EmblemHealth at [www.emblemhealth.com](http://www.emblemhealth.com).

## Determination Disagreement

If a physician disagrees with the determination, contact the Program's Peer-to-Peer Consultation Line to discuss the case with a medical director. Call **1-866-417-2345** for HIP, EmblemHealth CompreHealth EPO, GHI HMO, Vytra and EmblemHealth Medicare HMO plans. Call **1-800-835-7064** for EmblemHealth Medicare PPO plan members.

## CPT-4 Codes Requiring Prior Approval

The following CPT-4 codes require prior approval for all plans covered by the EmblemHealth Cardiology Imaging Program:

CARDIOLOGY IMAGING PRIOR APPROVAL CODE LIST FOR EMBLEMHEALTH COMPREHEALTH EPO, EMBLEMHEALTH MEDICARE HMO/PPO, GHI HMO AND HIP BENEFIT PLANS EFFECTIVE OCTOBER 1, 2012 (VYTRA EFFECTIVE JANUARY 1, 2016)	
Cardiology Imaging CPT Code	Procedure Description
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING

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Cardiology Imaging CPT Code	Procedure Description
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING
75571*	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST

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Cardiology Imaging CPT Code	Procedure Description
	PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS

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Cardiology Imaging CPT Code	Procedure Description
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL.



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Cardiology Imaging CPT Code	Procedure Description
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL VENOUS GRAFTS) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS), INCLUDING INTRAPROCEDURAL INJECTION(S) FOR

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Cardiology Imaging CPT Code	Procedure Description
	BYPASS GRAFT ANGIOGRAPHY AND RIGHT HEART CATHETERIZATION
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN

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Cardiology Imaging CPT Code	Procedure Description
	PERFORMED, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY
93462	LEFT HEART CATHETERIZATION BY TRANSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR

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Cardiology Imaging CPT Code	Procedure Description
	PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH PHYSICIAN SUPERVISION
*GHI HMO exception: 75571 is not a GHI HMO contracted code.	

The following codes may no longer be billed. Please reference these codes for older claims (claims for dates of service prior to 1/1/2011).

CARDIOLOGY IMAGING PROCEDURES REQUIRING PRIOR APPROVAL CPT-4 CODE LIST EFFECTIVE 1/1/2011 TO 12/31/11 FOR REFERENCE ONLY - DO NOT USE	
CPT-4 Code	Procedure Description
75557	Cardiac magnetic resonance imaging (MRI) for morphology and function without contrast material
75559	Cardiac MRI for morphology and function without contrast material; with stress imaging

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<b>CARDIOLOGY IMAGING PROCEDURES REQUIRING PRIOR APPROVAL</b> <b>CPT-4 CODE LIST</b> <b>EFFECTIVE 1/1/2011 TO 12/31/11</b> <b>FOR REFERENCE ONLY - DO NOT USE</b>	
CPT-4 Code	Procedure Description
75561	Cardiac MRI for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
75563	Cardiac MRI for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts, with contrast material, including 3D image postprocessing
78451	Myocardial perfusion imaging, tomographic (SPECT), single study, at rest or stress
78452	Myocardial perfusion imaging, tomographic (SPECT), multiple studies, at rest and/or stress and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar, single study, at rest or stress
78454	Myocardial perfusion imaging, planar, multiple studies, at rest or stress and/or redistribution and/or rest reinjection
78456	Acute venous thrombosis imaging, peptide
78457	Venous thrombosis imaging, venogram, unilateral
78458	Venous thrombosis imaging, venogram, bilateral
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation

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<b>CPT-4 Code</b>	<b>Procedure Description</b>
93303	Transthoracic echocardiography for congenital cardiac anomalies, complete
93304	Transthoracic echocardiography for congenital cardiac anomalies, follow-up or limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress, including performance of continuous electrocardiographic monitoring, with physician supervision
93451	Right heart catheterization, including measurement(s) of oxygen saturation and cardiac output, when performed
93452	Left heart catheterization, including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, imaging supervision and

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<b>CARDIOLOGY IMAGING PROCEDURES REQUIRING PRIOR APPROVAL</b> <b>CPT-4 CODE LIST</b> <b>EFFECTIVE 1/1/2011 TO 12/31/11</b> <b>FOR REFERENCE ONLY - DO NOT USE</b>	
<b>CPT-4 Code</b>	<b>Procedure Description</b>
	interpretation, when performed
93454 (replaces 93508)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455 (replaces 93508)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts), including intraprocedural injection(s) for bypass graft angiography
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts), including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458 (replaces 93510)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed
93459 (replaces 93510)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization, including intraprocedural injection(s) for left

# CARDIOLOGY IMAGING PROGRAM

<b>CARDIOLOGY IMAGING PROCEDURES REQUIRING PRIOR APPROVAL</b> <b>CPT-4 CODE LIST</b> <b>EFFECTIVE 1/1/2011 TO 12/31/11</b> <b>FOR REFERENCE ONLY - DO NOT USE</b>	
CPT-4 Code	Procedure Description
	ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460 (replaces 93526)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed
93461 (replaces 93526)	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462 (replaces 93524)	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)

### Formal Dispute Resolution

Please submit to EmblemHealth:

- **Appeals for Medicare members.** Please follow EmblemHealth's standard processes for Medicare members, described in the **Dispute Resolution for Medicare Plans** chapter.
- **Complaints and grievances.** Please refer to the Dispute Resolution chapters for **Commercial/CHP** and **Medicaid**, as applicable.

Please submit to the Program:

- **Expedited and standard clinical appeals for Commercial/CHP members and expedited and standard action appeals for Medicaid members.** Appeals may be filed by the member, the member's delegate (including the practitioner acting as the member's delegate) or by practitioners on their own behalf. For a full description of member and practitioner rights regarding clinical and action appeals, see the Dispute Resolution chapters for **Commercial/CHP** and **Medicaid**, as applicable.



## CARDIOLOGY IMAGING SCHEDULING PROCEDURE

### Plan Participation

HIP members with HIP as their managing entity (see the member's ID card or eligibility information at [www.emblemhealth.com](http://www.emblemhealth.com)) participate in the Cardiology Imaging Scheduling Procedure.

When the Program receives a prior approval request, a representative reviews the requested procedure against the existing criteria and determines its medical necessity.

If a cardiac imaging service on the prior approval chart is approved for a HIP, EmblemHealth CompreHealth EPO, GHI HMO, Vytra or EmblemHealth Medicare HMO member (either by the Program or EmblemHealth), a scheduling representative contacts the member to schedule the procedure at a participating location. Once the location is selected, the medical necessity determination is amended to include an authorization number.

The program attempts to contact the member for a 48-hour period. If at the end of that period the scheduling representative is unable to speak with the member, the Program selects a participating imaging facility close to the member's home. The Program then sends a letter to both the member and the referring practitioner with the contact information for the site selected.

Members may contact the scheduling department at **1-866-699-8131**, Monday through Friday, from 7 am to 7 pm, to schedule a procedure or change the procedure site prior to the appointment date.

**Note:** Echocardiography, echo stress, nuclear stress and cardiac catheterization procedures are not part of the scheduling program.