



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>	
<b>01-01-2018</b>		<b>07-01-2018</b>	
<b>Policy Name</b>		<b>Policy Number</b>	
<b>Cardiology- E/M Services with Implantable Cardiac Device Monitoring</b>		<b>ABHLA-RP-0006</b>	
<b>Policy Type</b>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana department of Health (LDH) and The Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	1
B. Overview	2
C. Definitions	2
D. Reimbursement Guidelines	3
E. Codes/Conditions of Coverage	3
F. Frequently Asked Questions	4
G. Review/Revision History	4
H. Resources	4

**A. Policy**



## Aetna Better Health<sup>®</sup> of Louisiana

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. According to Louisiana Department of Health Medicaid Policy, Evaluation and Management (E/M) services are not separately payable when performed on the same date of service as implantable cardiac device monitoring services or acoustic cardiograph services unless the E/M service is a significant, separately identifiable service.

### B. Overview

When making national coverage determinations, Louisiana Medicaid generally evaluates relevant clinical evidence to determine whether or not the evidence is of sufficient quality to support a finding that an item or service falling within a benefit category is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. The critical appraisal of the evidence enables us to determine to what degree we are confident that: 1) the specific assessment questions can be answered conclusively; and 2) the intervention will improve health outcomes for beneficiaries. An improved health outcome is one of several considerations in determining whether an item or service is reasonable and necessary.

### C. Definitions

Cardiograph: The graphic recording of a physical or functional aspect of the heart, e.g. echocardiography, electrocardiography, kinetocardiography, phonocardiography, vibrocardiography.

Acoustic cardiograph: A technique that integrates electric and acoustic information to enhance the ability to detect and characterize heart sounds. Published literature has evaluated the use of acoustic cardiography primarily in 2 areas: 1) as an aid in the diagnosis of heart failure, and 2) for optimization of hemodynamic parameters in patients with a cardiac resynchronization therapy (CRT) device.

ICD – Implantable Cardioverter Defibrillator

ICM – Implantable Cardiac Monitor

E/M – Evaluation and Management

HCPCS – The HCPCS is the Health Insurance Portability and Accountability Act-compliant code set for providers to report procedures, services, drugs, and devices furnished by physicians and other non-physician practitioners, hospital outpatient facilities, ambulatory surgical centers, and other outpatient facilities. This system includes Current Procedural Terminology Codes, which the American Medical Association developed and maintains.

### D. Reimbursement Guidelines

Selecting the code that best represents the service furnished. Billing for an E/M service requires the selection of a Current Procedural Terminology (CPT) code that best represents:

- 1.) Patient type
- 2.) Setting of Service
- 3.) Level of E/M service performed



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### E. Codes/Condition of Coverage

Common set of codes used to bill E/M Services:

0223T: Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report

0224T: Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter - AV or VV delays only, with interpretation and report

0225T: Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter - AV and VV delays, with interpretation and report

0223T: Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report (*Expired 12/31/2015 – See 93799*)

### F. Frequently Asked Questions

**Q:** What is an Implantable Cardioverter Defibrillator (ICD)?

**A:** An ICD is a battery-powered device placed under the skin that keeps track of your heart rate. Thin wires connect the ICD to your heart. If an abnormal heart rhythm is detected the device will deliver an electric shock to restore a normal heartbeat if your heart is beating chaotically and much too fast.

**Q:** How is an ICD implanted?

**A:** A battery-powered pulse generator is implanted in a pouch under the skin of the chest or abdomen, often just below the collarbone. The generator is about the size of a pocket watch. Wires or leads run from the pulse generator to positions on the surface of or inside the heart and can be installed through blood vessels, eliminating the need for open-chest surgery.

**Q:** How does an ICD work?

**A:** It knows when the heartbeat is not normal and tries to return the heartbeat to normal. If your ICD has a pacemaker feature when your heartbeat is too slow, it works as a pacemaker and sends tiny electric signals to your heart. When your heartbeat is too fast or chaotic, it gives defibrillation shocks to stop the abnormal rhythm. It works 24 hours a day.

### G. Review/Revision Date

Action	Date	Comments
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Date Issued	01-01-2018	
Date Revised	04-12-2018	
Effective Date		

### H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, *Current Procedural Terminology ( CPT<sup>®</sup> ) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>