



Ultrasound Reimbursement Information

Impedance Cardiography (ICG)

This guide provides coding and coverage information regarding diagnostic impedance cardiography services. SonoSite provides this information as a courtesy to assist providers in determining the appropriate coding and other information for reimbursement purposes. It is the provider's responsibility to determine and submit appropriate codes, modifiers and claims for services rendered. SonoSite makes no guarantees concerning reimbursement or coverage. Please feel free to contact the SonoSite reimbursement staff if you have any questions at 1-888-482-9449 or send email to reimbursement@sonosite.com.

Coding:

The CPT code recommended for cardiac output monitoring by thoracic electrical bioimpedance is: 93701 – Bioimpedance-derived physiologic cardiovascular analysis

National Medicare Coverage:

Under the Medicare National Coverage Determination (20.16) Medicare coverage for cardiac output monitoring by thoracic electrical bioimpedance is indicated for:

- Differentiation of cardiogenic from pulmonary causes of acute dyspnea when medical history, physical examination, and standard assessment tools provide insufficient information, and the treating physician has determined that TEB hemodynamic data are necessary for appropriate management of the patient.
- Optimization of atrioventricular (A/V) interval for patients with A/V sequential cardiac pacemakers when medical history, physical examination, and standard assessment tools provide insufficient information, and the treating physician has determined that TEB hemodynamic data are necessary for appropriate management of the patient.
- Monitoring of continuous inotropic therapy for patients with terminal congestive heart failure, when those patients have chosen to die with comfort at home, or for patients waiting at home for a heart transplant.

- Evaluation for rejection in patients with a heart transplant as a pre-terminated alternative to a myocardial biopsy. Medical necessity must be documented should a biopsy be performed after TEB.
- Optimization of fluid management in patients with congestive heart failure when medical history, physical examination, and standard assessment tools provide insufficient information, and the treating physician has determined that TEB hemodynamic data are necessary for appropriate management of the patient.

Local Medicare Coverage:

The National Coverage Determination allows for Contractor discretion on coverage for the use of TEB for the management of drug-resistant hypertension is reasonable and necessary. Drug resistant hypertension is defined as failure to achieve goal blood pressure in patients who are adhering to full doses of an appropriate 3-drug regimen that includes a diuretic.

Please contact your local Medicare Administrative Contractor regarding coverage for the indication of drug-resistant hypertension.

Payment Information

The following chart provides payment information that is based on the national unadjusted Medicare physician fee schedule for the bioimpedance cardiography service discussed in this guide. Payment will vary by geographic region. This information is provided to estimate reimbursement for services in the physician office setting. Private payers' payment policies vary and fee schedules are not publicly available. Check with provider representatives to ascertain payment information for this service.

Ambulatory Payment Classification (APC) codes and payments are used by Medicare to reimburse facilities under the Hospital Outpatient Prospective Payment System (OPPS). Payment rates are also based on the national unadjusted Hospital OPPS amounts. The actual payment will vary by location.

2012 CPT Code	CPT Code Descriptor	2012 Medicare Physician Fee Schedule	Hospital Outpatient Prospective Payment System (OPPS) [†]	
		National Average Payment*	2011 APC Code	2012 APC Payment
93701	Bioimpedance-derived physiologic cardiovascular analysis	\$25.87	0099	\$26.75

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*Federal Register November 28, 2011. †Federal Register November 1, 2011.

Reimbursement rates shown for payment of services under the Physician's Fee Schedule reflect a conversion factor of \$34.0376 as provided for in the Temporary Payroll Tax Cut Continuation Act of 2011 which became law on December 23, 2011.

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 SonoSite as of the date listed above. Subsequent guidance might alter the information provided. SonoSite disclaims any responsibility to update the information provided. The only persons authorized by SonoSite to supply information regarding any reimbursement matter not reflected in a circular such as this are members of SonoSite's reimbursement staff.

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. SonoSite makes no guarantees concerning reimbursement or coverage. A provider should not rely on any information provided by SonoSite in submitting any claim for payment, without confirming that information with an authoritative source.