



# Cardio Policy:

## Trans Esophageal Echocardiography (TEE)

<b>POLICY NUMBER</b> UM CARDIO_1122	<b>SUBJECT</b> Trans Esophageal Echocardiography (TEE)	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 07/22/11, 12/12/12, 03/10/14, 05/21/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 02/13/19, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 03/10/21, 08/11/21, 02/09/22	<b>APPROVAL DATE</b> February 9, 2022	<b>EFFECTIVE DATE</b> February 25, 2022	<b>COMMITTEE APPROVAL DATES</b> 07/22/11, 12/12/12, 03/10/14, 05/21/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 02/13/19, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 03/10/21, 08/11/21, 02/09/22
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid

### I. PURPOSE

Indications for determining medical necessity for Trans Esophageal Echocardiography (TEE).

### II. DEFINITIONS

Trans Esophageal Echocardiography is a diagnostic test which uses a special probe placed within the esophagus that uses ultrasound waves to make images of the heart chambers, valves, and surrounding structures.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

### III. POLICY

#### Indications for approving a request for medical necessity are:

- A. Evaluation of valvular structure and function in order to assess suitability for and/or to assist in planning and /or guiding of an intervention. **(AUC Score 9)<sup>1,2,4</sup>**
- B. Evaluation of suspected malfunctioning prosthetic heart valve(s). **(AUC Score 9)<sup>1,2,4</sup>**
- C. Detection of aortic dissection, congenital heart disease, left atrial thrombus, intra cardiac tumors, endocarditis or masses, mitral valve regurgitation that is not well delineated by TTE. **(AUC Score 9)<sup>1,2,4</sup>**
- D. Inadequacies of transthoracic echo due to chest wall deformity, COPD, opens heart/chest surgery, chest trauma, or obesity or other diagnostic limitation **(AUC Score 8)<sup>1,2,3</sup>** and to further assess valvular structure and function. **(AUC Score 9)<sup>1,2,4</sup>**
- E. In guiding electrical cardioversion by detecting the presence or absence of left atrial thrombus. **(AUC Score 8)<sup>1,2,4</sup>**
- F. TEE is appropriate for Electrophysiological study and during ablation of arrhythmia. **(AUC Score 9)<sup>1,2,4</sup>**
- G. TEE is appropriate 45 days post-placement of a left atrial appendage occluder device e.g., Watchman in order to assess for features that would prevent the discontinuation of full anticoagulation e.g., device-related thrombus, incomplete occlusion, or device migration. **(AUC Score 7)<sup>3</sup>**

#### Limitations

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

### IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
  - 1. Progress note that prompted the request
  - 2. Recent Transthoracic echocardiogram
- B. Primary codes appropriate for this service: 93312, 93320, and 93325. 93313 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only. 93314 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation, and report only. 93315 Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation, and report. 93316 Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only. 93317 Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation, and report only. 93221 is identical to 93320 but may also be reported with 93312 if the TEE is a follow-up or limited study. 93674 performance of a “bubble study” (IV injection of agitated saline).

### V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) (L33756). Transesophageal Echocardiogram. Retrieved from <https://www.cms.gov> April 24th, 2019.
2. John U. Doherty, et al. ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2019 Appropriate Use Criteria for Multimodality Imaging in the Assessment of Cardiac Structure and Function in Nonvalvular Heart Disease
3. Srinivas R. Dukkupati, et al. Device-Related Thrombus After Left Atrial Appendage Closure: Incidence, Predictors, and Outcomes. *Circulation*. 2018; 138:874–885
4. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
5. NCQA UM 2022 Standards and Elements.