Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Cardiac Services

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for cardiology services performed in various settings, such as an office or free-standing facility, and for inpatient admissions and outpatient testing performed in a contracted facility.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

Certain non-emergent advanced cardiac imaging and therapeutic cardiac services require prior authorization through Evolent. Refer to Related Policies and Procedures for related Clinical and Authorization Policies.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Cardiac catheterization: Supervision and interpretation is reimbursed to one physician only (either the cardiologist or radiologist)
  - Cardiac monitoring
  - Cardiac event monitors
  - Holter monitors
  - Interpretation of an ECG/EKG associated with Holter or cardiac event monitor
  - Trans-telephonic transmission of post-symptomatic electrocardiograms
- Cardiac Rehabilitation: For members with established coronary artery disease or unusual potentially serious risk factors, when medically necessary and ordered by PCP or contracted specialist

- Cardiac stress tests:
  - Components, when the service is limited to supervision only, tracing only, or interpretation and reporting only
  - Drug stressors used in conjunction with a stress test when billed with the appropriate HCPCS code
  - Global reimbursement when the services include treadmill or bicycle exercise, continuous EKG monitoring and/or pharmacological stress with supervision, and interpretation and reporting
- Cardiac surgery
- Electrocardiograms (ECG/EKGs); multiple per day
- External counterpulsation (ECP) services
- Inpatient cardiology services according to facility contracted rates and methodologies
- Surgical day care services according to facility contracted rates and methodologies
- Transcatheter repair of congenital heart defects
- Transfer of a member from one facility to another for cardiac catheterization or other procedure

Point32Health Does *Not* Reimburse

- Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymph-edema assessment(s)-CPT 93702
- Interpretation and report of electrocardiogram when billed with an evaluation and management service
- Electrocardiograms (ECGs) when billed in an office setting with a screening or general routine exam for members age 18-65
- Rhythm electrocardiogram services when billed with routine electrocardiogram services (also applies to interpretation and report only services)
- Cardiac catheterization when billed with a percutaneous coronary procedure when another cardiac catheterization has been billed in the previous week by any provider
- Automatic implantable cardiac defibrillator (AICD) monitoring services when billed more than once within three months when the diagnosis is Presence of automatic (implantable) cardiac defibrillator
- External MCT (CPT 93228-93229) or external patient activated ECG event recording (CPT 93268-93272) when billed more frequently than once in a six-month period
- A complete transthoracic echocardiography if the same complete echocardiography has been billed within 90 days with the same diagnosis
- Duplex scans of extracranial arteries if billed in an office setting for members age 18 and older on the date of service (DOS), unless a diagnosis of carotid artery stenosis symptom is also present
- Cardiac stress tests (CPT 93015-93018) or stress echocardiography testing (CPT 93350) for members age 15 or older on the DOS and the only diagnosis is for a general routine exam or screening for cardiovascular disorders
- Stress tests billed more frequently than once within a six-month period

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- Stress tests and echocardiography/cardiac nuclear imaging procedure when billed on the same date and within six months unless there is a significant change in member's condition
- Billed within 6 months of another stress test when ECG/cardiac nuclear imaging procedure has not been billed on the same date of service, or if a coronary intervention has not occurred within six months

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules, regardless of the address where the service is rendered.

Coding
This code table may not be all-inclusive.

Code	Description
0480-0489	Use to bill for outpatient cardiology services
0943	Other therapeutic services; Cardiac Rehabilitation; CPT/ HCPCS code required; itemized services by date

Other Information

- When billing multiple EKGs on the same day, bill on one line using a total count
- When submitting EKG recordings/ rhythm strips over a 30-day period, use the last date of tracing; claims submitted with a date range may deny for itemization

Related Policies and Resources

Payment Policies

- Advanced Practice Providers (APP)
- Evaluation and Management
- Imaging Services
- Inpatient Hospital Admissions
- Noncovered/Nonreimbursable Services
- Outpatient Facility
- Surgery
- Transplants

Clinical Policies

- Cardiac Diagnostic Tests/Interventional Procedures (Evolent)
- Cardiac Event Monitors
- Cardiovascular Disease Risk Tests
- Mobile Cardiac Outpatient Telemetry (MCOT)
- Mobile Cardiac Outpatient Telemetry (MCOT)
- Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation (Watchman™ Device)
- Subcutaneous Implantable Cardioverter Defibrillator (S-ICD)

Publication History

06/01/2026: Annual review; administrative edits; updated Related Policies and Resources
05/30/2025: Annual review; administrative edits
05/31/2024: Annual review; clarified coverage for CPT 93702; removed archived policy, administrative edits
09/01/2023: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.