CMS Payment Policies

To date, IAC is aware of the following states that have adopted CMS reimbursement directives. There are several states in which the Medicare carrier requires or recommends either accreditation of the facility and/or staff credentialing, for reimbursement of echocardiography studies.

While IAC attempts to stay abreast of reimbursement policies mandated by CMS as a service to the echocardiography community, these policies are changed and updated regularly by the insurance carriers. Therefore, IAC recommends that applicant facilities contact the insurance carriers in their area for the most accurate and current information to ensure compliance with reimbursement requirements at all times. Further questions about IAC accreditation as related to reimbursement may be directed to the IAC via e-mail.

PLEASE NOTE: The policy details within this document detailing accreditation requirements are only a portion of the full reimbursement directive, please search for the full policy on the CMS or your jurisdiction’s appropriate AB MAC website. Don’t know your jurisdiction or contractor? Search on the CMS website here.
Medicare Payment Policies

Medicare communicates echocardiography payment policy primarily through contractor-specific Local Coverage Determinations (LCDs). **Select your state’s contractor below to view the applicable LCDs:**

- **CGS Medicare** (Kentucky, Ohio)
- **First Coast Service Options** (Florida, Puerto Rico, U.S. Virgin Islands)
- **National Government Services** (Connecticut, Illinois, Maine, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, Vermont, Wisconsin)
- **Noridian Healthcare Solutions - Jurisdiction E** (American Samoa, California, Guam, Hawaii, Nevada, North Mariana Islands); **Jurisdiction F** (Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming)
- **Novitas Solutions** (Arkansas, Colorado, Delaware, District of Columbia, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania)
- **Palmetto GBA (Jurisdiction M):** North Carolina, South Carolina, Virginia, West Virginia; **Jurisdiction J:** Alabama, Georgia, Tennessee
- **WPS Medicare** (Indiana, Iowa, Kansas, Michigan, Missouri, Nebraska + National Providers)

**PLEASE NOTE:** The policy details displayed on the IAC website detailing accreditation requirements are only a portion of the full reimbursement directive, please review the full policy on the CMS website to ensure you are in compliance with the complete policy. To find a payment policy, go to [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database) and follow these instructions:

1. Click on **Advanced Search**
2. Under **Search by Document Type**, check Local Coverage Documents
3. Under **What documents types do you want to search for?** Check All Policies (LCD) and then Final Policies
4. Select Geographic Area (State) AND/OR Contractor Criteria
5. Type the testing area you are searching for (i.e., echocardiography) or the LCD ID # into **Enter Keyword(s)** box and choose **Entire Document**
6. Click **Search By Type** box
7. A page will appear asking you to accept the Terms & Conditions, **Click Agree**
8. A new page will open with your search results
Training Requirements

While it is not the Contractor’s intention or jurisdiction to credential providers, Medicare does expect a satisfactory level of competence from providers who submit claims for services rendered. It is well known that substandard studies often lead to preventable repetition of studies and overutilization of services.

The acceptable levels of competence are outlined as follows:

For the technical portion, an acceptable level of competence is fulfilled when the image acquisition is obtained under any one of the following conditions:

1. The service is performed by a physician; or
2. The technical service is performed by an individual who is credentialed as either a Registered Diagnostic Cardiac Sonographer (RDCS) through the American Registry of Diagnostic Medical Sonographers or as a Registered Cardiac Sonographer (RCS) through the Cardiovascular Credentialing International; or
3. The service is performed at a laboratory (e.g. office, IDTF), credentialed by the Intersocietal Accreditation Commission (IAC) in Echocardiography (formerly ICAEL). Any non-physician personnel used by an IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

For the professional portion, an acceptable level of competence is fulfilled when the interpretation is performed by a physician meeting any one of the following requirements:

1. The physician is board certified in Cardiovascular Diseases; or
2. The physician has Level II training in transthoracic echocardiography, as defined by the American College of Cardiology/American Heart Association/American College of Physicians Task Force on Clinical Competence in ECHOCardiography, or the equivalent of Level II training as set forth in that document.
3. For Facilities, quality requirements should encompass approved ACC/AHA/ASE training standards for physicians, accreditation by Intersocietal Accreditation Commission (IAC) in Echocardiography (formerly ICAEL) for facilities, and certification of cardiac sonographers by recognized national credentialing organizations as the appropriate quality standards.

The submission of claims for echocardiography will be considered an attestation that both the technical and professional components of the service were provided within the context of the above stated credentials.

CGS providers submitting claims for these services will be allowed a 2-year grace period (until 07/01/2011) to meet these standards.
First Coast Service Options

Part A & B MAC
Jurisdiction N: Florida, Puerto Rico, U.S. Virgin Islands
medicare.fcso.com

LCD Title: Transthoracic Echocardiography (TTE)
LCD ID #: L33768
Original Effective Date: For services performed on or after 10/1/2015
Revision Effective Date: For services performed on or after 10/1/2019

Training Requirements:

While it is not the Carrier’s intention or jurisdiction to credential providers, a satisfactory level of competence is expected from providers who submit claims for services rendered. It is well known that substandard studies often lead to preventable repetition of studies and overutilization of services.

The acceptable levels of competence are outlined as follows:

For the technical portion, an acceptable level of competence is fulfilled when the image acquisition is obtained under any one of the following conditions:

a. The service is performed by a physician; or  
b. The service is performed by a technician who is credentialed as either a Registered Diagnostic Cardiac Sonographer (RDCS) through the American Registry of Diagnostic Medical Sonographers or as a Registered Cardiac Sonographer (RCS) through the Cardiovascular Credentialing International; or  
c. The service is performed at a laboratory (e.g. office, IDTF), credentialed by the Intersocietal Accreditation Commission – Echocardiography (formerly ICAEL).

For the professional portion, an acceptable level of competence is fulfilled when the interpretation is performed by a physician meeting any one of the following requirements:

a. The physician is board certified in Cardiovascular Diseases; or  
b. The physician has Level II training in transthoracic echocardiography, as defined by the American College of Cardiology/American Heart Association/ American College of Physicians Task Force on Clinical Competence in Echocardiography, or the equivalent of Level II training as set forth in that document; or  
c. The physician provides the interpretation in conjunction with a study that is performed at a laboratory that is accredited by the Intersocietal Accreditation Commission – Echocardiography (formerly ICAEL) and that is subject to such laboratory’s quality assurance policies and procedures; or  
d. The physician has staff privileges to interpret echocardiograms at a hospital that participates in the Medicare program.

The submission of claims for echocardiography will be considered an attestation that both the technical and professional components of the service were provided within the context of the above stated credentials. However, a grace period of two years will be allowed for providers to acquire the necessary training.

All echocardiography services require a referring or an ordering physician.

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available upon request; otherwise the provider must have documentation available upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.
Training Requirements

While it is not the Contractor’s intention or jurisdiction to credential providers, Medicare does expect a satisfactory level of competence from providers who submit claims for services rendered. It is well known that substandard studies often lead to preventable repetition of studies and overutilization of services.

The acceptable levels of competence are outlined as follows:

For the technical portion, an acceptable level of competence is fulfilled when the image acquisition is obtained under any one of the following conditions:

1. The service is performed by a physician; or
2. The technical service is performed by an individual who is credentialed as either a Registered Diagnostic Cardiac Sonographer (RDGS) through the American Registry of Diagnostic Medical Sonographers or as a Registered Cardiac Sonographer (RCS) through the Cardiovascular Credentialing International; or
3. The service is performed at a laboratory (e.g. office, IDTF), credentialed by the Intersocietal Accreditation Commission (IAC) in Echocardiography (formerly ICAEL). Any non-physician personnel used by an IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

For the professional portion, an acceptable level of competence is fulfilled when the interpretation is performed by a physician meeting any one of the following requirements:

1. The physician is board certified in Cardiovascular Diseases; or
2. The physician has Level II training in transthoracic echocardiography, as defined by the American College of Cardiology/American Heart Association/American College of Physicians Task Force on Clinical Competence in Echocardiography, or the equivalent of Level II training as set forth in that document.

For Facilities, quality requirements should encompass approved ACC/AHA/ASE training standards for physicians, accreditation by IAC Echocardiography (formerly ICAEL) for facilities and certification of cardiac sonographers by recognized national credentialing organizations as the appropriate quality standards.

The submission of claims for echocardiography will be considered an attestation that both the technical and professional components of the service were provided within the context of the above stated credentials.

NGS providers, including those in the state of New York (note change in credentialing criteria), but with the exception of Illinois (Part B providers), Maine, Massachusetts, Minnesota, New Hampshire, Rhode Island, Vermont and Wisconsin (Part B providers), submitting claims for these services will be allowed a 2-year grace period (until 07/01/2011) to meet these standards. The requirements will be effective in Illinois (for Part B providers), Maine, Massachusetts, Minnesota, New Hampshire, Rhode Island, Vermont and Wisconsin (for Part B providers) on January 1, 2015.
Presently, there are no known Part A & B CMS policies for Jurisdiction E or F under Noridian Healthcare Solutions that require or recommend IAC accreditation as a condition for reimbursement for echocardiography studies.
Novitas Solutions

Part A & B MAC

Jurisdiction L: Delaware, District of Columbia, New Jersey, Pennsylvania, Maryland
Jurisdiction H: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma and Texas Indian Health Service (IHS) and Veterans Affairs (VA)

www.novitas-solutions.com

Presently, there are no known Part A & B CMS policies for Jurisdiction L or H under Novitas Solutions that require or recommend IAC accreditation as a condition for reimbursement for echocardiography studies.
Presently, there are no known Part A & B CMS policies for Jurisdiction M under Palmetto GBA that require or recommend IAC accreditation as a condition for reimbursement for echocardiography studies.
WPS Medicare

Part A & B MAC

**Part A - Jurisdiction 5: Iowa, Kansas, Missouri, Nebraska and National Providers; Jurisdiction 8: Indiana and Michigan.**

**Part B - Jurisdiction 5: Iowa, Kansas, Missouri, Nebraska; Jurisdiction 8: Indiana and Michigan.**

[www.wpsgha.com](http://www.wpsgha.com)

Presently, there are no known Part A & B CMS policies for Jurisdiction 5 or 8 under WPS Medicare that require or recommend IAC accreditation as a condition for reimbursement for echocardiography studies.