

**TEE**

*Transesophageal Echocardiography*

A new Medicare policy limits payment for TEE. Effective April 1, 2003, Medicare will only pay for the “image acquisition, interpretation and report” billed together with an anesthetic. The National Correct Coding Initiative (NCCI or CCI) no longer allows you to report either the full diagnostic TEE service (CPT™ code 93312) or the insertion of the probe (93313) with an anesthesia code (0XXXX). This means that you cannot use a modifier to override the CCI “edit” that bundles 93312 and 93313 with the anesthesia service as shown in the accompanying table. The same principles apply to TEE for congenital cardiac anomalies (93315-93317).

<b>CPT™</b>	<b>Descriptor</b>	<b>CCI edit</b>
93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report.....	<i>bundled</i>
93313	placement of transesophageal probe only.....	<i>bundled</i>
93314	image acquisition, interpretation and report only.....	<i>bundled but can override with modifier -59</i>
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report.....	<i>bundled</i>
93316	placement of transesophageal probe only.....	<i>bundled</i>
93317	image acquisition, interpretation and report only.....	<i>bundled but can override with modifier -59</i>

The result of the bundling is a 50% reduction in reimbursement for TEE. Anesthesiologists who provide the full TEE service have three options:

1. Report only 93314 or 93317 together with an anesthetic.
2. Report 93312 or 93315 and have that portion of the claim denied. The anesthesia service should still be paid. When we find out whether our efforts to persuade Medicare to allow the override modifier again—and to make the change retroactive -- have been successful, you may either resubmit the 93312/15 claim or submit a claim for 93314/17.

3. Do not submit the claim for the TEE service at all until we find out whether the edit has been changed.

ASA has been working to preserve the TEE codes since last summer, when the NCCI initially proposed to bundle all of the above codes into the anesthesia service, with no exception for the image acquisition, interpretation and report. We have gone back to the CMS drawing board and we hope to be able to report that the override will be allowed for all the diagnostic TEE codes in the near future. We will ask that any change be retroactive, but it is impossible to predict the outcome.