

STATEMENT ON TRANSESOPHAGEAL ECHOCARDIOGRAPHY

**(Approved by House of Delegates on October 17, 2001
and last amended on October 18, 2006)**

A number of patients with cardiovascular disease undergoing anesthesia for various surgical procedures require precise cardiovascular assessment and prompt treatment of abnormalities. Sophisticated instruments can give detailed information about cardiovascular function that is not available from other techniques utilized in the operating room. An evaluation by transesophageal echocardiography (TEE) may be required to obtain the most precise information to guide surgical interventions (e.g., myocardial revascularization, valvular competence and repair of congenital heart defects) and to guide pharmacological support and/or fluid administration in the perioperative period. The position of the American Society of Anesthesiologists (ASA) is that the placement of the TEE probe and the acquisition and interpretation of the complex information obtained from TEE are medical services provided by anesthesiologists or other qualified physicians and have not been and are not currently incorporated within the usual base or time units of the ASA Relative Value Guide (ASA-RVG).

In 1996, the House of Delegates of the American Society of Anesthesiologists approved the "Practice Guidelines for Perioperative Transesophageal Echocardiography." This document addresses many of the issues that are raised by TEE. Among other things, these evidence-based guidelines explain how TEE offers important advantages over other techniques. For example, both an electrocardiogram (ECG) and pulmonary artery catheter (e.g., Swan-Ganz), can provide continuous assessment of global cardiac performance, but are unable to provide the important dynamic and specific diagnostic information (e.g., wall motion abnormalities, impaired compliance or perivalvular leakage) that can be provided readily and rapidly by TEE.

The indication for TEE is usually based on the individual patient's condition rather than the specific surgical procedure. This is why this procedure should be considered an additional service that is not part of the usual anesthetic work. Select patients need echocardiography because of underlying structural (congenital), functional (valvular disease, cardiomyopathy) or ischemic (atherosclerotic) cardiovascular disease. Intraoperative transesophageal echocardiography is a relatively new procedure, and the base unit values for procedures in which TEE may be used were established long before the development of TEE. The base unit values for anesthesia services in which TEE may be used were either established before the development of TEE and recognition of the added value for perioperative TEE, or specifically excluded the additional work of TEE. Furthermore, inclusion of additional base units to account for additional diagnostic tools in some anesthesia codes and not in others would make the relative value system inconsistent.

Factors such as the patient's disease process and anticipated diagnostic dilemmas during surgery are weighed to help decide which patients will benefit from intraoperative TEE. Information derived from intraoperative TEE in patients undergoing cardiac surgery results in changes to the planned procedure in as many as 30 percent of cases and has been shown to improve outcomes in patients undergoing cardiac and noncardiac surgery.

USE OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY

93312 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation, and report

This service involves placement of the transesophageal probe, obtaining the appropriate images and views and critical analysis of the data. Patients with increased risks of hemodynamic disturbances may require probe insertion and interpretation of the echocardiogram. This includes, but is not limited to, histories of congestive heart failure, severe ischemic heart disease, valvular disease, aortic aneurysm, major trauma and burns. It may also be indicated in certain procedures that involve great shifts in the patient's volume status. Such procedures may include vascular surgery, cardiac surgery, liver resection/transplantation, extensive tumor resections and radical orthopedic surgery. The use of TEE may also be indicated when central venous access is contraindicated or difficult and it is not possible to adequately assess blood loss and replacement, impairment of venous return, right and left heart function without the TEE.

93313 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only

Although the procedure is generally safe, the proper insertion of the probe requires skill and judgment. There are a few inherent risks to placement of the probe, including pharyngeal and/or laryngeal trauma, dental injuries, esophageal trauma, bleeding, arrhythmias, respiratory distress and hemodynamic effects. There have even been some case reports of perioperative death attributed to TEE placement.

93314 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only

This code is used when one physician inserts the probe and another physician interprets the images. Physicians who obtain and interpret cardiac images and provide a report but who did not place the TEE probe should use this code to report their service.

93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

This code is used when the patient's condition, as described under 93312, requires repetitive evaluation of cardiac function in order to guide ongoing management.

BUNDLING ISSUES

Transesophageal echocardiography (TEE) is a special diagnostic tool, which may be used by properly trained physicians (i.e., anesthesiologists, cardiologists) to benefit patient care. Perioperative use of TEE should be separately reported and paid for the following reasons:

1. TEE is a special tool and not a standard intraoperative technique. It provides unique information that no other diagnostic procedure can provide. TEE permits ongoing assessment of cardiovascular function and immediate treatment of abnormalities related to surgical interventions, anesthesia effects and changing patient conditions.
2. Intraoperative TEE is a relatively new diagnostic tool, which has not been factored in any of the current base unit values for anesthesia care reimbursement. The ASA-RVG unit values for anesthesia services factor in neither the special information TEE provides nor the increased risk and work of the echocardiographer.

3. Because medical conditions that indicate the use of TEE exist in patients undergoing a great variety of operations, the unit values of specific anesthesia services should not reflect the use of the TEE.
4. A TEE examination is a service extending beyond the scope of standard perioperative anesthesia care. This is obvious when the service is requested by the surgeon or other physician, but is also true if the anesthesiologist believes the TEE to be clinically indicated in a given patient.
5. Any physicians using TEE should be specifically credentialed by their institution to do so.
6. Anesthesiologists using TEE provide information equivalent to that provided by any consulting physician (e.g., cardiologist) using echocardiography for a given indication. This is not part of, but rather in addition to, the anesthesia service being provided.