OHCA Guidelines

Medical Procedure:	* Transthoracic Echocardiogram (Echo) Pediatric
Implementation Date:	August 8, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	8/8/2017
Director Medical Authorization and Review (MAR) Signature/Date:	8-8-17
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* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☒ New Criteria ☐Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:

Congenital Heart Defect - an abnormality present at birth. Most congenital heart defects are diagnosed during childhood, but sometimes a person may reach adulthood before discovering a heart defect.

Echocardiogram - a diagnostic test that uses ultrasound waves to create an image of the heart anatomy and blood flow. Ultrasound waves that rebound or echo off the heart can show the size, shape, and movement of the heart's valves and chambers as well as the flow of blood through the heart.

Transthoracic Echocardiogram (TTE) - used to evaluate structural heart disease, ventricular function and valve function. In children and small adults TTE provides accurate anatomic definition of most congenital heart diseases. TTE is the most common type of echo performed.

CPT Codes Covered: 93303, 93304, 93306, 93307, 93308 (see CPT Manual for definition of codes)

Non Covered Items: OHCA does not cover echocardiograms performed for screening purposes only.

Approval Criteria:

I. **GENERAL**

A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)**.

B. For this guideline, the pediatric population is defined as ages 0-20 at the time of the echo.

II. DOCUMENTATION REQUIRED FOR ALL PEDIATRIC ECHO REQUESTS

A. Clinical documentation from the ordering provider that clearly supports the following:
   a. Information suggesting a new disease/defect for which an echo is needed to make or confirm a diagnosis, **OR**
   b. Follow-up for progression of a previously confirmed diagnosis that is known to clinically progress (see criteria below for repeat imaging), **OR**
   c. A change in clinical status, other than an expected progression, in a previously diagnosed disease/defect where an echo is necessary to determine management changes, **OR**
   d. A change in clinical management, medical or surgical, of a previously diagnosed disease/defect which necessitates an echo to assess efficacy of the change in management.

B. When an echo is requested to evaluate a congenital defect, it must be "linked" to an ICD-10 diagnosis code that is congenital AND the clinical documentation must support the clinical diagnosis.

III. INDICATIONS FOR AN INITIAL ECHO (THIS IS A PARTIAL LISTING AND IS NOT CONSIDERED ALL INCLUSIVE)

A. A clinical diagnosis of a congenital cardiac defect which may include but are not limited to the following diagnosis:
   a. Tetralogy of Fallot
   b. Transposition of the great arteries
   c. Coarctation of aorta
   d. Patent ductus arteriosus
   e. Atrial and ventricular septal defects
   f. Single or hypoplastic ventricle
   g. Congenital defects of the cardiac valves
   h. Vascular ring; **OR**

B. Premature birth in which there is a suspicion of Patent Ductus Arteriosus; **OR**

C. Family history of a first degree relative (i.e. biological parent, full sibling) having a cardiomyopathy or having experienced sudden death related to a cardiac anomaly; **OR**

D. Chromosome 1q21.1 deletion syndrome AND clinical documentation supports cardiac abnormalities; **OR**

E. History of sickle cell anemia (for requests beyond the initial; refer to pulmonary hypertension under section IV); **OR**

F. Abnormal ECG or abnormal cardiac view on a chest x-ray which indicates an anatomic or functional abnormality requiring echocardiographic imaging for diagnosis; **OR**

G. Syncope in instances where vasovagal syncope cannot not be a conclusive diagnosis; **OR**

H. Presence of arrhythmia/palpitations or other abnormal findings (which may include murmurs, clicks, gallops, a fixed and/or split S2, or decreased pulse); **OR**

I. Pre-op evaluation with history of a murmur; **OR**

J. Signs and symptoms of cardiac failure; **OR**

K. Failed Pulse Oximetry screen (94% or below) in a newborn (24-48 hrs. of age); **OR**

L. Cyanosis when diagnosis is unclear; **OR**

M. A clinical diagnosis or a suspicion of a connective tissue disease such as rheumatoid arthritis or mixed connective tissue disease (MCTD) which is associated with an acquired cardiac disease; **OR**

N. Clinical presentation suggesting genetic connective tissue disorders such as Marfan's syndrome, Ehlers-Danlos syndrome, familial thoracic aortic aneurysm and dissection, with or without documented family history; **OR**
O. History of Kawasaki Disease, or rheumatic fever, with clinical evidence of cardiac involvement, or embolic disease; **OR**
P. Clinical evidence of endocarditis; **OR**
Q. Pre-excitation pattern such as Wolff-Parkinson-White (which may include associated features of cardiac defects such as cardiomyopathy, Ebstein anomaly, hypertrophic cardiomyopathy); **OR**
R. At the time of liver transplant evaluation; **OR**
S. Clinical evidence of pulmonary hypertension; **OR**
T. Hypertension with evidence for cardiomyopathy; **OR**
U. With a clinical history of measured hypertension at least twice, more than a month apart **AND** in the most recent six months; **OR**
V. On an antihypertensive medications for at least three months; **OR**
W. At onset of Herceptin or anthracycline chemotherapy.

IV. INDICATIONS FOR A REPEAT ECHO

A. With a diagnosis of Kawasaki disease, an echo is indicated at initial diagnosis; at two weeks post-diagnosis; and at four weeks post-diagnosis. If any coronary abnormality is present, additional imaging may be requested by submitting clinical documentation which supports the requested service **AND** supports the medical necessity of the request; **OR**
B. When a surgery is under consideration for correction of a progressive heart defect/disease, an echocardiogram is allowed twice yearly to follow the progression and one post-operative echocardiogram and one three years post-operative are allowed; **OR**
C. Pre- and postoperative congenital heart disease assessment (e.g. Tetralogy of Fallot, patent ductus arteriosus, platypnea, atrial septal defects, restrictive VSD, anomalous pulmonary arteries or veins or anomalous coronary arteries); **OR**
D. Annual imaging may be approved when there is documented clinical evidence of a clinical status change, to assess a new or changing intervention (medical or surgical) where an echo is necessary to evaluate the efficacy of the changes; **OR**
E. Surveillance of a disease/defect, previously diagnosed, that is known to progress, but has not shown a change in the clinical condition or a change in the management (no more than once every 12 months is allowed); **OR**
F. After initial diagnosis of pulmonary hypertension as follows:
    a. An annual surveillance is considered medically necessary if there is no change in the clinical status.
    b. If a significant change in clinical presentation and is documented in the clinical records as detrimental to the member.
    c. If a significant change in clinical management is made and an echo is necessary for evaluation of the efficacy of the changes in treatment; **OR**
G. After diagnosis of a genetic connective tissue disorders such as Marfan's syndrome, Ehlers-Danlos syndrome, Familial Thoracic Aortic Aneurysm and Dissection, annual echocardiogram is allowed to follow any progression; **OR**
H. Two years, five years, and fifteen years after completion of documented exposure to anthracycline chemotherapy; **OR**
I. Three months after onset of clinical treatment for hypertension and in an additional six months if abnormality relating to hypertension is demonstrated on the three months echo.

V. EXAMPLES AN INITIAL OR FOLLOW UP ECHO IS NOT INDICATED

A. Clinical documentation does not include the need of an echo; **OR**
B. Clinical documentation does not include cardiac issues; **OR**
C. Repeat echocardiographic imaging IS NOT indicated when clinical status is stable. Examples may include but are not limited to:
   a. Stable valvular cardiac disease
   b. Presence of a prosthetic valve
   c. Stable cardiomyopathy
   d. Stable hypertension

Denial Criteria: Request outside the guidelines.

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. http://www.heart.org/HEARTORG/Conditions/HeartAttack/SymptomsDiagnosisofHeartAttack/Echocardiogram---Echo_UCM_451485_Article.jsp#.WNwa7OmguM8
3. http://www.onlinejacc.org/content/67/5/512?_ga=1.15552950.1898189534.1490885339
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