From: Ken Stone
To: NGS LCD Reconsideration-WELLPOINT (Shared Mailbox)
Subject: {EXTERNAL} LCD reconsideration request
Date: Wednesday, April 26, 2023 11:06:18 AM

I am an anesthesiologist practicing in Connecticut and I am requesting a change in language for LCD 35579
Transesophageal Echocardiography (TEE).

In the section labeled “Limitations”, the follow phrase is present:

"Intraoperative TEE is reimbursable to a cardiologist or other physician who is not part of the surgical/anesthesia team but only when performed as a diagnostic test and not for monitoring purposes (TEE for intraoperative monitoring is included in the anesthesia care). "

It is understood that intraoperative TEE is payable when performed as a diagnostic test, and that intraoperative monitoring is not supported. There is no questioning of that standard.

The question I want to address is whether the claim for intraoperative TEE may be submitted by the anesthesiologist who is providing anesthesia care for cases such as coronary artery bypass surgery (CABG) or aortic valve replacement (AVR). Submission of such claims are a longstanding practice which to my knowledge has not previously been challenged.

There appears to be some discrepancies between LCDs for different MACs:

- For example, the LCD L37379 for Palmetto states “*Intraoperative uses- TEE may be useful during percutaneous and open cardiac surgical interventions. …. When a surgeon specifically requests an intraoperative TEE service by the anesthesiologist, it will be determined to be reasonable and necessary only when the surgeon:*

  Makes a specific order/request for the anesthesiologist to perform the TEE service, and

  The findings from the TEE are communicated to the operating surgeon in real-time for use during the surgery, and

  *The anesthesiologist makes a separate and complete written interpretation/repor*t.”

  This LCD permits separate billing for a TEE performed by an anesthesiologist for diagnostic purposes.

The LCD L35016 for Novitas states: "*Medicare payment for the professional component of intraoperative TEE is justified for instances in which intraoperative echocardiography is an adjunct to optimal performance of a surgical procedure or for a specific diagnostic reason (e.g., proper valve placement, guiding of the placement of a device to close an atrial septal defect, evaluation of mitral balloon valvuloplasty, etc.).device to close an atrial septal defect, evaluation of mitral balloon valvuloplasty, etc.). Intraoperative echocardiographic services must include a complete interpretation and written report by the performing physician, and images obtained must be stored in the same manner as other echocardiographic services to warrant separate payment.*"

As I previously mentioned, the practice of the anesthesiologist performing the intraoperative TEE and reporting the findings to the cardiac surgeon is standard of care throughout the country. I suggest that the language above in the Palmetto LCD is acceptable as a replacement for the wording cited above in the NGS LCD.

Thank you for your attention to this matter,
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