Stress Echocardiography

CPT: 93350, 93351

1 Major Symptom or Complaint presented as primary indication

- 1.1 Chest pain
- 1.2 Dizziness
- 1.3 Fatigue
- 1.4 Hypoxemia
- 1.5 Initial evaluation of known or suspected heart failure (systolic or diastolic) or cardiomyopathy
- 1.6 Irregular heartbeat
- 1.7 Myocardial infarction (heart attack)
- 1.8 Palpitations
- 1.9 Presyncope (lightheadedness)
- 1.10 Shortness of breath (dyspnea)
- 1.11 Stroke
- 1.12 Swelling of the ankles and feet (edema)
- 1.13 Syncope (fainting)
- 1.14 Transient ischemic attack (TIA)

2 Working Diagnosis or Rule Out presented as primary indication

- 2.1 Cardiomyopathy (restrictive, infiltrative, dilated, hypertrophic), suspected
- 2.2 Coronary artery disease, suspected
- 2.3 Heart failure, suspected

3 Abnormal Physical Exam Finding presented as primary indication

- 3.1 Arrhythmia
- 3.2 Hypoxemia
- 3.3 Swelling of the ankles and feet (edema)

4 Abnormal Lab or Imaging presented as primary indication

- 4.1 Elevated or inconclusive coronary calcium score
- 4.2 Hyperlipidemia (elevated total cholesterol level or LDL level)
- 4.3 Inconclusive or inadequate transthoracic echocardiogram (TTE) or transesophageal echocardiogram (TEE)
- 4.4 Left ventricular systolic dysfunction
- 4.5 Low left ventricular ejection fraction (LVEF) (<50%)
- 4.6 Severe aortic stenosis (AS)

5 Significant Prior Medical History presented as primary indication

5.1 Cardiomyopathy (restrictive, infiltrative, dilated, hypertrophic)

5.2 Congenital heart disease

5.3 Coronary artery disease

5.4 Heart failure

5.5 Left ventricular systolic dysfunction

5.6 Mitral valve repair with suspected dysfunction

5.7 Percutaneous mitral valve repair

5.7.1 Prior to percutaneous mitral valve repair

5.7.2 Suspicion of post-procedural valve dysfunction

5.8 Pulmonary hypertension

5.9 Valvular heart disease

5.9.1 Assessment of pulmonary pressures during stress in patient with severe asymptomatic valve regurgitation prior to pregnancy

5.9.2 Asymptomatic aortic stenosis (AS)

5.9.2.1 Re-evaluation every 1 year

5.9.3 Chronic mitral regurgitation (MR) (stages B to D)

5.9.4 Mitral stenosis (MS) or mitral regurgitation (MR) and discrepancy between clinical symptoms and resting echocardiogram findings

5.9.5 Moderate or severe aortic regurgitation (AR)

5.9.6 Moderate or severe aortic stenosis (AS), (stages B and C)

References

1. David S. Bach, American College of Cardiology (September 2017). “2017 Appropriate Use Criteria for Multimodality Imaging in Valvular Heart Disease”
2. John U. Doherty et al., Journal of the American College of Cardiology (September 2017, 70(13):1647–1672). “ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2017 Appropriate Use Criteria for Multimodality Imaging in Valvular Heart Disease”
3. American College of Cardiology (January 2019). “New AUC: Multimodality Imaging in Assessing Cardiac Structure and Function in Structural Heart Disease”
4. John U. Doherty et al., Journal of the American College of Cardiology (February 2019, 73(4):488–516). “ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2019 Appropriate Use Criteria for Multimodality Imaging in Assessment of Cardiac Structure and Function in Nonvalvular Heart Disease”
5. Debabrata Mukherjee, American College of Cardiology (January 2019). “2019 Appropriate Use Criteria for Multimodality Imaging in Nonvalvular Heart Disease”
6. Singh A and Ward RP, Current Cardiology Reports (September 2016, 18(9):93). “Appropriate Use Criteria for Echocardiography: Evolving Applications in Value-Based Healthcare”