

Transesophageal Echocardiography

CPT: 93312 through 93318

1 Major Symptom or Complaint presented as primary indication

- 1.1 Chest pain
- 1.2 Dizziness
- 1.3 Fatigue
- 1.4 Irregular heartbeat
- 1.5 Myocardial infarction (heart attack)
- 1.6 Palpitations
- 1.7 Presyncope (lightheadedness)
- 1.8 Shortness of breath (dyspnea)
- 1.9 Stroke
- 1.10 Swelling of the ankles and feet (edema)
- 1.11 Syncope (fainting)
- 1.12 Transient ischemic attack (TIA)

2 Working Diagnosis or Rule Out presented as primary indication

- 2.1 Acute aortic pathology (aortic dissection, intramural hematoma, penetrating aortic ulcer), suspected
- 2.2 Cardiac mass or tumor (including valvular mass), suspected
- 2.3 Cardiac source of embolus, suspected
- 2.4 Cardiac thrombus, suspected
- 2.5 Complication of myocardial ischemia or infarction, suspected
- 2.6 Infective endocarditis, suspected
 - 2.6.1 Intracardiac device
 - 2.6.2 Intravenous drug user
 - 2.6.3 New murmur
 - 2.6.4 Positive blood cultures
 - 2.6.5 Prosthetic heart valve
- 2.7 Reasonable suspicion for valvular heart disease
 - 2.7.1 Chest pain
 - 2.7.2 Dizziness
 - 2.7.3 Fatigue
 - 2.7.4 Irregular heartbeat
 - 2.7.5 Palpitations
 - 2.7.6 Presyncope (lightheadedness)
 - 2.7.7 Shortness of breath (dyspnea)
 - 2.7.8 Swelling of the ankles and feet (edema)
 - 2.7.9 Syncope (fainting)

3 Abnormal Physical Exam Finding presented as primary indication

- 3.1 Chronic mitral regurgitation (MR)
- 3.2 New murmur
- 3.3 Swelling of the ankles and feet (edema)

4 Abnormal Lab or Imaging presented as primary indication

4.1 Chronic mitral regurgitation (MR)

4.2 Inadequate or suspicious finding on transthoracic echocardiogram (TTE)

4.2.1 Dilated aortic sinuses or ascending aorta identified by TTE

4.2.2 Discordance between clinical assessment and TTE regarding aortic regurgitation (AR) severity

4.2.3 Other suspicious finding on TTE

4.2.4 Suspicion of severe mitral regurgitation (MR) or aortic regurgitation (AR) potentially underestimated on TTE

4.3 Positive blood cultures and suspect infective endocarditis

4.4 Re-evaluation of prior transesophageal echocardiogram (TEE) findings for interval change

4.4.1 Evaluation of cardiac mass

4.4.2 Other suspicious finding on TEE

4.4.3 Reduction or resolution of atrial thrombus after anticoagulation

4.4.4 Resolution of vegetation after antibiotic therapy

5 Significant Prior Medical History presented as primary indication

5.1 Ascending aortic dilatation or history of aortic dissection

5.1.1 Change in cardiac examination

5.1.2 Change in clinical status

5.1.3 Findings may alter management or therapy

5.2 Assessment following closure of patent foramen ovale (PFO) or atrial septal defect (ASD)

5.2.1 Clinical concern for infection, malposition, embolization, or persistent shunt

5.3 Assessment following left atrial appendage (LAA) occlusion

5.3.1 Surveillance at 45 days or FDA guidance/guidelines for follow-up

5.4 Bicuspid aortic valve, not optimally evaluated with transthoracic echocardiogram (TTE)

5.5 Cardiac mass or tumor (including valvular mass)

5.6 Chronic mitral regurgitation (MR)

5.7 Evaluation of cardiac structure and function in patients undergoing cardiac intervention

5.7.1 Intra-procedural guidance for closure of PFO or ASD

5.7.2 Intra-procedural guidance for LAA occlusion

5.7.3 Preprocedural evaluation for ASD closure

5.7.4 Preprocedural evaluation for PFO closure

5.7.5 Preprocedural evaluation for LAA occlusion

5.8 Infective endocarditis

5.9 Intracardiac thrombus

5.10 Myocardial ischemia or infarction (heart attack)

5.11 Percutaneous mitral valve repair

5.11.1 Intra-procedural assessment

5.11.2 Prior to percutaneous mitral valve repair

5.11.3 Suspicion of post-procedural valve dysfunction

5.12 Postoperative imaging after surgical valve replacement or repair

5.12.1 Mechanical or tissue valve with concern for valve dysfunction

5.12.2 Mitral valve repair with suspected dysfunction

5.12.3 Prosthetic valve infective endocarditis

5.12.4 Re-evaluation of known prosthetic valve dysfunction when it would guide therapy

5.13 Rheumatic heart disease

5.14 Stroke

5.15 Transcatheter aortic valve replacement (TAVR)

5.15.1 Intra-procedural assessment

5.15.2 Pre-TAVR assessment

5.15.3 Suspicion of post-procedural valve dysfunction

5.16 Transient ischemic attack (TIA)

5.17 Ventricular assist device

5.17.1 Suspected complication

5.17.2 Suspected infection

5.18 Ventricular heart disease

5.18.1 Change in cardiac examination

5.18.2 Change in clinical status

5.18.3 Guide therapy

References

1. David S. Bach, American College of Cardiology (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"