IMPORTANT 2017 BILLING UPDATE
BILL SEPARATELY FOR MODERATE SEDATION WHEN PERFORMED WITH TRANSESOPHAGEAL ECHOCARDIOGRAPHY SERVICES

While the Medicare Physician Fee Schedule Rates for echocardiography services will remain relatively unchanged for 2017, CMS did finalize one change that all echocardiographers should be aware of: **If you provide moderate (conscious) sedation in conjunction with TEE you must now bill it separately. Payment for moderate sedation is no longer included in the allowances for any TEE codes.**

Beginning January 1, 2017, moderate sedation is no longer part of the TEE service payment. Moderate sedation must be **separately reported with new CPT codes and documented**, when performed. This is important as the moderate sedation service was previously included in the TEE relative value units (RVUs). If moderate sedation codes are not separately reported, payment for the service will be lost.

This change in codes and reporting impacts payments from both private payers and Medicare for TEE services described by CPT 93312, 93313, 93314, 93315, 93316, 93317, and 93318.

- Physicians should report new moderate sedation codes with TEE for services performed in the office and facility setting.
- Hospitals may also report moderate sedation codes with TEE when performed in the hospital outpatient setting. Note that under the CMS hospital outpatient payment system (OPPS), moderate sedation services are considered an integral part of the primary procedure and are not separately paid.

The following new CPT codes should be reported with a TEE when the moderate sedation service is provided by the same physician.

- Code 99151 describes the first 15 minutes of moderate sedation services for a patient younger than five.
- For patients five or older, report 99152 for the first 15 minutes.
- Add-on code 99153 is used to report each additional 15 minutes, regardless of the patient’s age. Note payment for 99153 is only available when performed in the physician office. There is no additional payment when the physician performs this service in the facility setting.

Additional new codes 99155, 99156, and 99157 (not listed here) apply when someone other than the physician performing the TEE performs the moderate sedation service.

CPT definition highlights:

- Moderate sedation is a drug-induced depression of consciousness in which the patient maintains the ability to purposefully respond to verbal commands (either alone or with light tactile stimulation). No interventions are necessary to maintain cardiovascular and airway function without support and spontaneous ventilation is adequate.
- Intraservice time begins with the ordering of the initial sedating agent and administering the agent. It requires continuous face to face attention of the provider, and monitoring by an independent trained observer of the patient’s response to the sedation, periodic reassessments, and vital signs including oxygenation, heart rate, and blood pressure. The moderate sedation intraservice time ends when the procedure is completed, the patient is stable, and the provider leaves the face-to-face care of the patient.
- Independent trained observer is an individual who is qualified to monitor the patient during the procedure and who has no other duties during the procedure (e.g., assisting at surgery).

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
<th>2017 National PFS Rate (non-hospital)</th>
<th>2017 PFS National Unadjusted Rate (hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99151</td>
<td>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than five years of age</td>
<td>$78.23</td>
<td>$24.04</td>
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<tr>
<td>99152</td>
<td>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older</td>
<td>$52.04</td>
<td>$12.56</td>
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<tr>
<td>99153</td>
<td>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; each additional 15 minutes of intra-service time (List separately in addition to code for primary service)</td>
<td>$11.12</td>
<td>NA</td>
</tr>
</tbody>
</table>

(Emphasis added). For example, for TEE performed for adults in hospital settings (the most common procedures and settings, the appropriate billing code will be CPT 99152.)

Additionally, it is suggested that providers review billing sheets and charge masters to ensure that services are appropriately captured. Don’t forget that in some instances the correct J code will also need to be appended for the sedation medication.

For further questions, please go to [http://asecho.org/advocacy/coding-and-reimbursement/](http://asecho.org/advocacy/coding-and-reimbursement/) or contact Irene Butler at ibutler@asecho.org.