

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



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- "[ICD-10-CM/PCS Myths and Facts](#)," Fact Sheet, ICN 902143, Downloadable and Hard Copy.

MLN Matters® Number: MM8330

Related Change Request (CR) #: CR 8330

Related CR Release Date: July 25, 2013

Effective Date: January 1, 2013

Related CR Transmittal #: R2743CP

Implementation Date: August 26, 2013

## Coding Changes to Ultrasound Diagnostic Procedures for Transesophageal Doppler Monitoring

### Provider Types Affected

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This MLN Matters® Article is intended for physicians and providers submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

### Provider Action Needed

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This article is based on Change Request (CR) 8330, which directs Medicare contractors to recognize and accept Healthcare Common Procedure Coding System (HCPCS) code G9157 when billed for Esophageal Doppler monitoring, effective for claims with Dates of Service (DOS) on or after January 1, 2013. Make sure that your billing staffs are aware of this code change.

### Background

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On May 17, 2007, CR5608/TR76 Ultrasound Diagnostic Procedures, was released by the Centers for Medicare & Medicaid Services (CMS). (See the related article at <http://www.cms.gov/Outreach-and>

#### Disclaimer

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[Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM5608.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM5608.pdf) on the Centers for Medicare & Medicaid Services (CMS) website.) CR5608 explained that, effective for claims with Dates of Service (DOS) on and after May 22, 2007, CMS determined that esophageal Doppler monitoring of cardiac output for ventilated patients in the Intensive Care Unit (ICU) and operative patients with a need for intra-operative fluid optimization was reasonable and necessary.

Therefore, the "Medicare National Coverage Determination (NCD) Manual" was amended at Section 220.5 by adding "Monitoring of cardiac output (Esophageal Doppler)" for ventilated patients in the ICU and operative patients with a need for intra-operative fluid optimization to Category I (covered procedures), and deleting "Monitoring of cardiac output (Esophageal Doppler)" from Category II (non-covered procedures). This manual is available at [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf) on the CMS website.

CR8330 announces that the new HCPCS code G9157 for Esophageal Doppler monitoring will be used in place of unlisted code 76999 (Unlisted ultrasound procedure (e.g., diagnostic, interventional)) effective for claims with DOS on or after January 1, 2013.

The code G9157 is a diagnostic procedure indicated for ventilated patients in the Intensive Care Unit (ICU) and operative patients with a need for intra-operative fluid optimization and is only covered when furnished in an inpatient hospital Place of Service (POS) 21. The services under code G9157 include the insertion, placement, and repositioning of the esophageal Doppler probe in addition to the assessment(s) with report, image acquisition(s), and interpretation(s) per course of treatment.

Code G9157 will have a procedure status indicator of A on the Medicare Physician Fee Schedule (MPFS). This indicator denotes that the professional services are separately payable for a maximum of once per course of treatment. The code reflects physician work involved in probe placement, image acquisition, and interpretation per course of treatment for monitoring purposes.

Please refer to CR5608, Ultrasound Diagnostic Procedures for any further information. Please note that no changes are being made to the current policy for esophageal Doppler Monitoring. This service is only covered in a hospital setting, and is part of the existing Inpatient Prospective Payment System (IPPS) payment. The MLN Matters® related to CR5608 is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5608.pdf> on the CMS website.

Claims with DOS on or before December 31, 2012, will continue to process with unlisted code 76999. But, claims submitted with 76999 for Esophageal Doppler monitoring services with DOS on or after January 1, 2013, will be denied with the following messages:

- Claim Adjustment Reason Code (CARC) 189 - "'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service."
- Remittance Advice Remark Code M20 - "Missing/incomplete/invalid HCPCS."

Also, Medicare will deny G9157 when billed in any POS other than 21 with a CARC message 58, "Treatment was deemed by the payer to have been rendered in an inappropriate place of service."

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Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present." and a Group Code of CO.

## Additional Information

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The official instruction, CR8330, issued to your Medicare contractor regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2743CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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