

Echocardiogram

Also known as	<div><div></div><div><div><div>1. Cardiac echo</div><div>2. Cardiac sonogram</div><div>3. Cardiac ultrasound</div><div>4. Echocardiography</div><div>5. Transesophageal echocardiogram (TEE)</div><div>6. Transthoracic echocardiogram (TTE)</div></div></div></div>						
Description	<div>An echocardiogram uses sound waves to create a moving picture of the heart. This common test allows the doctor to see the heart beating and pumping blood.</div>						
See also	<div><div>Similar, related, or easily confused documents.</div><div><div><div><div>• Electrocardiogram (ECG) - Test that records the electrical activity of the heart, captured, and externally recorded by skin electrodes.</div><div>• Stress Echocardiogram - Done before and after a stress electrocardiogram to help assess coronary arteries for blockages.</div></div></div></div></div>						
Table of Contents	<div><div>The following topics are included in this document:</div><div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div></div></div>						
Document history	<div><div>The document history for the past 12 months is outlined below.</div><table><tr><th>Date</th><th>Description</th></tr><tr><td>8.21.24</td><td>Refreshed due to age.</td></tr><tr><td>2.9.24</td><td>Updated to new template.</td></tr></table></div>	Date	Description	8.21.24	Refreshed due to age.	2.9.24	Updated to new template.
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Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)	Coverage depends on the date of service.						
	<table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 10.1.24</td><td><ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.</td></tr><tr><td>After 10.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.</td></tr></table>	DOS	Coverage	Prior to 10.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.
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Prior to 10.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.						
After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.						

Mayo Medical Plan (MMP)

Quote X-Ray/imaging benefits. Include facility benefits.

- Tip:** This is not the same as an [Electrocardiogram \(ECG\)](#). Verify the procedure before quoting benefits.

Medica (including MHPS)	Coverage depends on the date of service.						
	<table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.	After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote X-ray/imaging benefits.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote X-Ray/imaging benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote X-Ray/imaging benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Medica is the only payer.
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After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Medica is the only payer.						
Cost (Prime)	<p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.
DOS	Coverage						
Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.						
After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Quote X-ray/imaging benefits.</p> <ul style="list-style-type: none">• Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						

Continued on next page

Government Programs, Continued

Medicaid

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. When done in a facility, include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.
After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.

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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 10.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.
	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.

Medica	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 5.1.24	<ul style="list-style-type: none">Quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.
	After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.Tip: This is not the same as an Electrocardiogram (ECG). Verify the procedure before quoting benefits.

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