



# Physician Reimbursement for EDM

Deltex Medical's CardioQ™ esophageal Doppler monitor (EDM) is a minimally invasive, evidence-based ultrasound technology used to optimize fluid levels in patients in intensive care or who are undergoing surgery. Medicare, and some commercial insurers, provide coverage for EDM for specific patient populations and provide professional reimbursement for use of EDM.

## **EDM has a positive Medicare National Coverage Decision (NCD)**

The Centers for Medicare and Medicaid Services (CMS) [provides coverage for use of EDM](#). CMS determined that EDM is “reasonable and necessary” for all Medicare beneficiaries who meet the criteria for the following patient populations:

- *Monitoring of cardiac output for ventilated patients in the ICU; and*
- *Operative patients with a need for intra-operative fluid optimization*

**CMS' decision was based on the strength of the clinical evidence for EDM**, including a technology assessment from the Agency for Healthcare Research and Quality (AHRQ) that concluded that in “patients undergoing surgical procedures with an expected substantial blood loss or fluid compartment shifts requiring fluid replacement” the clinical evidence for the use of EDM was strong.

## **Unlike many other fluid management devices, EDM has a unique code to facilitate professional billing and payment**

On April 1, 2013, CMS issued a code for professional services associated with the use of EDM: G9157, Transesophageal Doppler used for cardiac monitoring. (Prior to April 1, 2013, CMS instructed physicians to bill professional services using 76999, the unlisted code for ultrasound diagnostic procedures).

## **Use of EDM results in separate professional payment**

The 2015 [national average](#) Medicare payment level for G9157 is \$97.97 (based on 2.74 RVUs). [Professional services associated with EDM are separately payable under the Medicare Physician Fee Schedule \(MPFS\)](#). Medicare adjusts professional payment based on regional differences in practice costs, thus payment may vary based on physician location. Other payers, including private payers, may base their payments on Medicare payment rates.



For further information and to find your local representative please call:  
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This information is provided by Deltex Medical as a guide for coding procedures and services involving Esophageal Doppler Monitoring. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Deltex makes no express or implied warranty or guarantee (i) that the list of codes and narratives is complete or error-free, (ii) that the use of this information will prevent differences of opinions or disputes with payers, (iii) that these codes will be covered, or (iv) that the provider will be guaranteed reimbursement. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to coverage and reimbursement policies.

## REFERENCES

Centers for Medicare and Medicaid Services (CMS), Decision Memo for Ultrasound Diagnostic Procedures (CAG-00309R) May 22, 2007.



<http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=196&ver=8&NcaName=Ultrasound+Diagnostic+Procedures+%281st+Recon%29&bc=BEAAAAAEAAA&&fromdb=true>

Agency For Healthcare Research and Quality (AHRQ) January 16, 2007 Esophageal Doppler Ultrasound-Based Cardiac Output Monitoring for Real-Time Therapeutic Management of Hospitalized Patients – A Review.



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