

Reimbursement Guide

EchoGo® Heart Failure is an advanced tool designed to augment the diagnosis and management of heart failure patients. Beginning with heart failure with preserved ejection fraction (HFpEF), it offers invaluable assistance to healthcare professionals.

Leveraging artificial intelligence (AI) to detect HFpEF, EchoGo® Heart Failure uses a single commonly acquired view of an echocardiogram, giving clinicians critical information to confidently diagnose and treat heart failure patients.

Heart Failure Uncovered

Earlier detection enables earlier treatment – reducing hospitalizations and mortality.

Proven

Detects HFpEF with 89% sensitivity and 86% specificity.
 Detects CA with 84.5% sensitivity and 89.7% specificity.

Scalable

Connected through EchoGo®; a HIPAA-compliant web interface and cloud platform, which is easy to integrate and scale, and requires zero training.



EchoGo® Heart Failure - Eligible for Reimbursement

The following table provides CPT coding for EchoGo® Heart Failure and 2025 Medicare national average reimbursement (technical component) for physician and hospital outpatient and inpatient settings of care. This incremental payment is meant to help drive the adoption of new, clinically validated technology by helping cover the cost of the software.

Note: In the Hospital Outpatient setting, the EchoGo® Heart Failure analysis is a separate payable service from the echocardiogram. In the Hospital Inpatient setting, the New Technology Add-on Payment (NTAP) may be available if the total cost of care exceeds the MS-DRG payment. Medicare will pay \$0.65 on every dollar of excess cost up to a maximum of \$1023.75

	National Average Incremental Payment	Location
NTAP NTAP XXE2X19 AI decision support system, indicated as a diagnostic aid for patients undergoing routine functional cardiovascular assessment using echocardiography.	\$1,023.75	Hospital Inpatient
CPT CPT 0932T Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional.	\$299.91	Hospital Outpatient

ICD-10-CM codes

ICD-10-CM (diagnosis) codes were implemented October 1, 2015. It is the physician's ultimate responsibility to select the codes that appropriately represent the service performed, and to report the ICD-10-CM code based on his or her findings or the pre-service signs, symptoms or conditions that reflect the reason for doing the assessment.

Examples are provided that relate to heart failure diagnosis:

D86	Sarcoidosis
D86.8	Sarcoidosis of other sites
D86.85	Sarcoid myocarditis
I05	Rheumatic mitral valve diseases
I05.0	Rheumatic mitral stenosis
I05.1	Rheumatic mitral insufficiency
I05.2	Rheumatic mitral stenosis with insufficiency
I05.8	Other rheumatic mitral valve diseases
I05.9	Rheumatic mitral valve disease, unspecified
I06	Rheumatic aortic valve diseases
I06.0	Rheumatic aortic stenosis
I09.0	Other rheumatic heart diseases
I09.8	Other specified rheumatic heart diseases
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I21.0	ST elevation (STEMI) myocardial infarction of anterior wall
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.1	ST elevation (STEMI) myocardial infarction of inferior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.2	ST elevation (STEMI) myocardial infarction of other sites
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.9	Acute myocardial infarction, unspecified
I50	Heart failure
I50.10	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute or chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) & diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) & diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.8	Other heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I97	Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified
I97.1	Other postprocedural cardiac functional disturbances
I97.13	Postprocedural heart failure
T86.2	Complications of heart transplant
T86.22	Heart transplant failure
T86.3	Complications of heart-lung transplant
T86.32	Heart-lung transplant failure

Payment Methodologies for Ultrasound Services

Medicare may reimburse for ultrasound services when the services are within the scope of the provider's license and are deemed medically necessary. The following describes the various payment methods by site of service.

Hospital Outpatient

In the hospital outpatient setting, the hospital can bill for the technical component by using CPT code 0932T. This is paid through the Ambulatory Payment Classification (APC) system, APC 5743 has a national average of \$299.91 which will be wage-adjusted for each hospital provider.

Hospital Inpatient

To qualify for the New Technology Add-on Payment (NTAP) in the hospital inpatient setting, patients must be insured by Medicare, analyzed by EchoGo® Heart Failure, and the patient's total cost of care must exceed the MS-DRG payment. If these conditions are met, Medicare will pay \$0.65 on every dollar of excess cost up to a maximum of \$1,023.75.

Physician

This code can be used to bill for professional report interpretation by using code 0932T with the modifier -26. The reimbursement rate will be carrier priced, and the professional portion can be billed at any place of service.

Office

In the office setting, 0932T can be billed as a global code to include both the technical and professional components of the service. The reimbursement rate will be carrier priced. For Medicare claims, additional documentation may be required.

Commercial Reimbursement

In an effort to support EchoGo® Heart Failure as a new technology, Ultromics will work with each provider to establish coverage with the commercial payers.

The information provided with this notice is general reimbursement information only; it is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment. It is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for the services that were rendered. This information is provided as of October 1, 2023, and all coding and reimbursement information is subject to change without notice. Payers or their local branches may have distinct coding and reimbursement requirements and policies. Before filing any claims, providers should verify current requirements and policies with the local payer.

