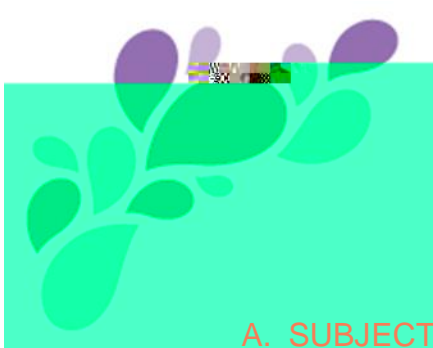


03/08/2017	10/01/2019	12/01/2017-02/19/2020
Policy Name		Policy Number
Transthoracic Echocardiogram		PY-0181
Policy Type		
Medical	Administrative	Pharmacy
		REIMBURSEMENT

Reimbursement



A. SUBJECT

Transthoracic Echocardiogram

B. BACKGROUND

Archived



F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	03-08-2017	New policy.
Date Revised	11-14-2018	LCD L34337 has been rescinded and replaced with LCD L34338. Updated in Section D. II. of the policy
	4-2-2019	Removed code matching tables from policy. CareSource follows LCD L34338. Updated CMS LCD link . link was broken.
Date Effective	12-01-2017	
Date Archived		

Archived

