Medical Policy
Myocardial Strain Imaging

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Policy Number: 112
BCBSA Reference Number: 2.02.31
NCD/LCD: Local Coverage Determination (LCD): Category III CPT® Codes (L33392)

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Myocardial strain imaging is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

Local Coverage Determinations (LCDs) for National Government Services, Inc.

Local Coverage Determination (LCD): Category III CPT® Codes (L33392)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website at https://www.cms.gov for information regarding your specific jurisdiction.

Prior Authorization Information
Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Product</th>
<th>Coverage Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</table>

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>93356</td>
<td>Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)</td>
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</table>

**Description**

The term strain indicates dimensional or deformational change under force. When used in echocardiography, the term 'strain' is used to describe the magnitude of shortening, thickening and lengthening of the myocardium through the cardiac cycle. The most frequent measure of myocardial strain is the deformation of the left ventricle (LV) in the long axis, termed global longitudinal strain (GLS). During systole, ventricular myocardial fibers shorten with movement from the base to the apex. GLS is used as a measure of global LV function, and provides a quantitative myocardial deformation analysis of each LV segment. Myocardial strain imaging is intended to detect subclinical changes in left ventricle function in patients with a preserved LV ejection fraction, allowing for early detection of systolic dysfunction. Since strain imaging can identify LV dysfunction earlier than standard methods, this raises the possibility of heart failure prophylaxis and primary prevention before the patient develops symptoms and irreversible myocardial dysfunction.

**Myocardial Strain Imaging**

Myocardial strain can be measured by either tissue Doppler imaging or by speckle-tracking echocardiography (STE). Tissue Doppler strain imaging has been in use since the 1990's but has limitations that include angle dependency and significant noise. Smiseth et al (2016), reported that the most widely used method of measuring myocardial strain at the present time is STE.1. In STE, natural acoustic markers generated by the interaction between the ultrasound beam and myocardial fibers form interference patterns (speckles). These markers are stable, and STE analyzes the spatial dislocation (tracking) of each point (speckle) on routine 2-dimensional sonograms. Echocardiograms are processed using specific acoustic-tracking software on dedicated workstations, with offline semiautomated analysis of myocardial strain. The 2-dimensional displacement is identified by a search with image processing algorithms for similar patterns across two frames. When tracked frame-to-frame, the spatiotemporal displacement of the speckles provides information about myocardial deformation across the cardiac cycle.
cycle. GLS provides a quantitative analysis of each LV segment, which is expressed as a percentage. In addition to GLS, STE allows evaluation of LV rotational and torsional dynamics.

**Summary**

Myocardial strain refers to the deformation (shortening, lengthening, or thickening) of the myocardium through the cardiac cycle. Myocardial strain can be measured by tissue Doppler imaging or, more recently, speckle-tracking echocardiography. Speckle-tracking echocardiography uses imaging software to assess the movement of specific markers in the myocardium that are detected in standard echocardiograms. It is proposed that a reduction in myocardial strain may indicate sub-clinical impairment of the heart and can be used to inform treatment before development of symptoms and irreversible myocardial dysfunction.

For individuals who have an indication for a transthoracic echocardiogram who receive myocardial strain imaging (MSI), the evidence includes a systematic review of observational studies. The relevant outcomes include symptoms, morbidity events, quality of life, treatment-related mortality, and treatment-related morbidity. A systematic review of 13 studies with 384 patients treated for cancer suggests that MSI with tissue Doppler imaging or speckle-tracking echocardiography may be able to identify changes in myocardial deformation that precede changes in left ventricle ejection fraction. Although MSI may detect sub-clinical myocardial changes, the value of these changes in predicting clinical outcomes or guiding therapy is uncertain. No studies were identified that compared MSI to left ventricle ejection fraction. A study that will compare clinical outcomes when therapy is guided by MSI or left ventricle ejection fraction is in progress and will provide direct evidence on the clinical utility of MSI. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/2020</td>
<td>Clarified coding information.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**


