

Internal Medicine Coding Alert

3 Strategies Improve Your ECG Reporting

Tip #1: Don't attach modifiers to 93000

When you code electrocardiogram (ECG) services, know how to report the internist's technical and professional services and you can help your practice avoid denials, coding experts say.

To determine when you should use 93000-93010, coding experts recommend three guidelines:

1. Code 93000 Without Modifiers

When an in-office machine reports ECG results, and your internist issues and interprets a report, you should assign 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report). This code represents a complete ECG, which includes performing an ECG, producing a report, and interpreting results, says **James H. Stephenson**, president, North Central Medical Management in Elyria, Ohio.

If the internist doesn't perform all services, such as tracing or interpretation, don't rely on modifiers to distinguish between technical and professional services. For instance, you should not attach modifiers -TC (Technical component) and -26 (Professional component) to 93000, Stephenson says.

Instead, you should pick either 93005 (... tracing only, without interpretation and report) for the technical component, or 93010 (... interpretation and report only) for the professional service, he says.

2. Report 93005 for In-Office ECGs

If your internist performs an in-office ECG without interpreting the report, you should assign 93005 for the technical component, says **Quinten A. Buechner, MS, Mdiv, CPC, CHCO**, president of ProActive Consultants in Cumberland, Wis. Let's say the physician and staff place 12 leads on the patient, perform the standardization process and remove the gel from the patient at the end of the ECG, but do not interpret any results. In that case, you would use 93005.

3. Use 93010 to Cover Professional Services

When reporting professional services code 93010, you'll need solid documentation to get paid. You should assign this code when the physician interprets an ECG report, Stephenson says.

Tip: To medically justify reporting code 93010, your physician will have to do more than look at the report, coding experts say.

For example, your physician performs an ECG in the hospital but still issues a report. You should make sure the physician documents that he or she interpreted the ECG's printout, Buechner says.

That's because the technical component (93005) includes the machine's report, which means carriers want to see that your physician performed an interpretation if you submit 93010. The hospital will bill for 93005.

Medicare and private carriers expect the internist to write interpretations on the machine's 8.5 x 11 sheet or strip report, Buechner says.

"Proper documentation includes stating why the doctor agrees or disagrees with the machine's description and signing and dating the report," he says.

For instance, the internist might write, "Disagree with machine findings because my interpretation of the ECG supports that changes noted are a variation of normal and are unchanged from prior tracing."