

Internal Medicine Coding Alert

READER QUESTION ~ Stress Test Code Depends on Physician Equipment, Involvement

Question: A morbidly obese patient who was having chest pains reported to the office for testing. The physician administered a cardiac stress test in the office (he owns the equipment), and then performed the supervision, interpretation and report. How should I report this encounter?

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Answer: Since your physician had the equipment in the office -- and he performed all aspects of the test -- you can report both the procedure's technical and professional components. On the claim,

- report 93015 (Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report) for the stress test.
- link 786.50 (Chest pain, unspecified) to 93015 to represent the patient's chest pain.
- link 278.01 (Morbid obesity) to 93015 to represent the patient's obesity.

There are also other CPT codes to represent stress tests, depending on the physician's involvement. Use these codes as the situation dictates:

- If the physician oversees the stress test but does not interpret results, report 93016 (Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report).
- If the physician owns the tracing equipment but does not interpret test results, report 93017 (Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report).
- If the physician only interprets test results, report 93018 (Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only).