

Internal Medicine Coding Alert

Reader Question: Telemetry for Inpatient Cardiac Patients

Question: Can my internist be paid for telemetry, code 93042 (rhythm ECG, one to three leads; interpretation and report only), for inpatient cardiac patients in addition to daily hospital care (99231-99233)? If so, are there any special coding requirements?

Primary Medical Care, Dade City, Fla.

Answer: It depends on whether the physician actually performed an interpretation and report of the test or whether he or she is just checking the tracing each visit. Medicare policy indicates that when a patient is an inpatient in a monitored bed, checking the tracing at every visit is considered part of the evaluation and management (E/M) service. Only when there is the need to evaluate a new rhythm pattern is the code billable. In other words, you can't do it every day just because the patient is hooked up to the machine. But the code could be used if the patient developed an arrhythmia that prompted the nurse to call the physician in to see what was going on.

In addition, when the test is performed on both an inpatient and outpatient basis, the physician should only report code 93042 if he or she provides a separate, signed, written report, (inclusion of the date is recommended) that is not just a portion of the E/M documentation. Signing the tracing and making comments on the tracing paper is sufficient if the tracing is kept in the patient record.

Code 93042 requires a detailed report of the findings in the test and the physician's interpretation of the findings. For example, the documentation should include information about the heart rate, rhythm, any changes noted since a previous ECG, and the conclusion drawn (i.e., heart rate is 78, slightly irregular, sinus arrhythmia). Just a statement that the test was normal or negative is not sufficient to justify reporting a code for interpretation and report of the test.

If the physician only received the results of the test and used them to make a patient-care decision, that service is included in the overall E/M service and should be counted when determining the appropriate level of medical decision-making involved in the patient visit.