

Internal Medicine Coding Alert

Reader Question: Use Various ECG Service Codes for Professional and Technical Components, Not Modifiers

Question: Our office owns an EKG/ECG device. How should we bill for tests performed in our office when they're interpreted by another provider outside our group? Do we simply add a modifier?

Illinois Subscriber

Answer: Submit 93005 (Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report) for the services your office provides.

You would be correct to append a modifier such as TC (Technical component) or 26 (Professional component) in many situations when your physician performs only a portion of the service, but that's not the case for ECGs. The family of ECG codes includes separate options depending on whether your physician provides the entire service (93000, Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report), the technical component only (93005, ... tracing only, without interpretation and report), or the professional component only (93010, ... interpretation and report only).

Payer check: Be sure your payer agreements include the component codes (93005, 93010) in the payer fee schedule and not just the global code (93000).