

Internal Medicine Coding Alert

READER QUESTIONS: CPT Separates an EKG's Components for You

Question: Which modifiers should we use when billing 93000 to Medicare? I tried both the technical and professional component modifiers without luck.

Illinois Subscriber

Answer: An electrocardiogram's technical and professional components have their own CPT codes, so you don't need modifiers to report them. Remember that 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report) represents both of the EKG's technical and professional components. Meanwhile, 93005 (... tracing only, without interpretation and report) represents only the technical component, and 93010 (... interpretation and report only) represents only the professional component.

Therefore, if your IM practice performed the technical portion of the EKG (tracing) and your IM physician performed the professional portion of the EKG (interpretation and report), you would report 93000.

If the physician performed the technical portion (tracing) somewhere other than your office, but did provide the interpretation and report, you would report code 93010.

Finally, if the IM office only provides the tracing but an outside physician provides the interpretation and report, you would report 93005.