

## Internal Medicine Coding Alert

### You Be the Coder: EKG Services: Different Codes To Report

Question: We own the EKG/ECG machine in our office. We know that 93000 is the global code for an ECG done in the office, but how do we report the in-office ECG when someone outside our group does the interpretation? Should I use modifier TC?

Maryland Subscriber

Answer: For the ECG services your office performs and does not interpret, you should report 93005 (Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report).

Although for many codes you would indicate performance of only a portion of the service by appending either modifier TC (Technical component) or 26 (Professional component), that method does not apply for ECGs.

Instead, this family of codes provides separate options depending on whether you perform the entire service (93000, ... with interpretation and report), the technical component only (93005), or the professional component only (93010, ... interpretation and report only).

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