

Internal Medicine Coding Alert

You Be the Coder: HoltThat -26

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: Do I need to append modifier -26 to the 93224 when the physician doesn't own the equipment and uses a Holter monitor for a full 24 hours?

Hawaii Subscriber

Answer: Although your rationale is correct, modifier -26 (Professional component) does not apply to code 93224 (Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation) there is a separate CPT code for Holter monitor interpretation.

You should report CPT code 93227 (physician review and interpretation) for your physician's review and interpretation of the Holter monitor results. Coding for Holter monitoring divides the service into three components: the actual use of the machine (93224), the supervision and interpretation of the results (93227) and additional aspects of the procedure such as hooking up and disconnecting the recording device, etc., reported using codes 93225 (recording [includes hook-up, recording, and disconnection) and 93226 (scanning analysis with report).

In the future, one way you can determine whether a code can be subdivided into professional and technical components is by referencing the code in the Medicare Physician Fee Schedule Database (MPFSD). If the code is listed three times in the MPFSD, chances are the code can be subdivided into a professional (-26) and technical (-TC) component. The first code listed typically represents the combined professional and technical components, and the second and third codes represent the values of each of the technical and professional components when reported individually.