

Internal Medicine Coding Alert

YOU Be the Coder: Modifiers and Holter Monitor Claims

Question: A patient who is suffering heart palpitations reports to the internist for waveform Holter monitor testing with visual superimposition scanning. The internist oversees the recording, hookup, and removal of the monitor, and performs review and interpretation of the results. The internist outsourced the scanning analysis. Should I include modifier 26 or TC on this claim, since we did not perform part of the service?

New York Subscriber

Answer: You should not append modifiers 26 (Professional component) or TC (Technical component) to any Holter monitor test code; this code set is broken up as to the performed monitoring components.

On the claim, report the following:

- 93225 (Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage, with visual superimposition scanning; recording [includes connection, recording, and disconnection]) for the monitor recording, hookup, and removal
- 93227 (... physician review and interpretation) for the review and interpretation
- 785.1 (Symptoms involving cardiovascular system; palpitations) appended to 93225 and 93227 to represent the patient's palpitations.

The entity that the internist used for the scanning and analysis would bill for that portion of the service on its own (93226, ... scanning analysis with report).