

Part B Insider (Multispecialty) Coding Alert

3 Tips Will Pump Out Stress-Free Stress Test Coding

Know your component codes by heart to code correctly

Don't stress over trying to figure out professional, technical and global components for cardiovascular stress tests. Study these scenarios to know in a heartbeat what codes you should select.

Check Which Components Are Included

1. Scenario: A patient complains of chest pain (786.50) and heart palpitations (785.1). A physician uses the hospital's equipment to perform a cardiac stress test. Your doctor supervises the stress test and provides a written interpretation and report.

Coding solution: You should report 93016 (Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report) for the physician supervision. To code the written interpretation and report, you should also use 93018 (... interpretation and report only), says **Sheldrian LeFlore, CPC**, senior consultant with **Gates Moore & Company** in Atlanta.

2. Scenario: Your physician administers a stress test in the office, providing the procedure's technical component (that is, the physician's practice owns the equipment) in addition to the supervision, interpretation and report.

Coding Solution: In this case, you should report 93015 (...with physician supervision, with interpretation and report), says **Lisa Center, CPC**, quality review coordinator for **Freeman Health System** in Joplin, MO.

You should use 93015 because it encompasses all of the procedure's components (the equipment's use, as well as the supervision, interpretation and report), Center says. Use 93016-93018 to report the components of the test the physician performed if he didn't do the entire service, she says.

Remember: The physician may initiate this method of "stress" by using pharmacological agents, such as dobutamine ([J1250](#), Injection, dobutamine HCl per 250 mg) or Persantine (J1245, Injection, dipyridamole, per 10 mg), Leflore says. Therefore, you should report the appropriate HCPCS code to describe the agent, she says.

Include Documentation to Prove Justification

If you want to ensure Medicare and commercial insurers pay for 93015-93018, you'll need more medical justification than the appropriate ICD-9 codes. You'll also need to know your payer's medical necessity and documentation requirements.

3. Scenario: Because the patient is obese (278.0x) and has diabetes (250.xx), he presents to your physician to make sure he doesn't have coronary artery disease. The doctor performs a cardiac stress test to screen for the condition. A few months later, your Medicare carrier denies your practice's claim for 93015.

Coding solution: "The primary reason for denial of a stress test is the lack of medical necessity," LeFlore says. For instance, most Medicare carriers, such as **First Coast Service Options of Florida**, do not pay for cardiac stress tests the physician performs to screen for coronary artery disease.

"Billers and coders must check their payers' guidelines to ensure that medical necessity is present in the documentation for performing this service," LeFlore says.

Center agrees: "Many offices don't check their policies and later find out they have to write off the stress test because the ICD-9 codes they used aren't on the list of approved diagnosis codes."

Examples: Generally, a cardiac stress test is medically necessary if the patient presents with chest pains (786.5x) or has an abnormal electrocardiogram (794.31), LeFlore says.

Check with your Medicare LCDs and/or LMRPs to determine what your carrier defines as medically necessary.

You should also check with your carrier to find out what the medical documentation should contain. For instance, First Coast Service Options recommends that the medical documentation include the following:

1. history and physical;
2. office/progress note; and
3. test results.

In addition, the documentation should support the medical necessity beyond payer-approved diagnosis codes, coding experts say. That means the medical record must match the listed diagnosis. For instance, if the diagnosis code is 786.50, the physician's notes should reflect that the patient had chest pains.

ABN when: If a patient's condition does not meet medical necessity, the physician should have the patient sign an advance beneficiary notice (ABN), coding experts say. The ABN states the patient is aware that Medicare does not cover the stress test and will pay the charges. Don't forget to append modifier -GA (Waiver of liability on file) to the charge, indicating to Medicare that the office has a valid signed ABN on file.