

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Capture Cardiac Monitoring Blunders Before It's Too Late

Important: Only report the services the physician provides

Getting cardiac monitoring codes right means taking stock of the type of technologies your physician is using.

The codes you'll report depend on three kinds of technologies: visual superimposition scanning, microprocessor analysis, and patient-activated event markers. Here's the information you need to stay tech-savvy and code-smart.

93224-93227 = Visual Superimposition Scanning

The basics: You will most commonly report 93224-93227 for the monitoring services your cardiologist performs. Within this set, 93224 (Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage...) is the global code, while each of the subsequent three codes describes separate slices of the overall service, such as, 93225 (... recording [includes hook-up, recording, and disconnection]), 93226 (... scanning analysis with report), and [CPT 93227](#) (... physician review and interpretation).

Use these four codes to report services that specially trained technicians perform to visually scan patient waveforms generated by the monitor. The waveforms are then compared with a normal waveform to identify discrepancies.

Key to success: Only report the services your physician actually provided. If your physician performed all of the described services, which include hooking up and removing the monitor, analyzing the scan, and reviewing and interpreting the results, you should report the first code in the series (such as, 93224).

You should use this code because it encompasses all of the procedure's components, says **Lisa Center, CPC**, quality review coordinator for **Freeman Health System** in Joplin, MO.

If the physician performed only some of those services, however, you will bill only for the individual services provided.

Note: All three of the extended monitoring technologies break out the individual components separately.

Example: Your office monitored a patient using the equipment described in 93224, but the physician did not do the scanning analysis. You may have an outside company perform that technical component.

In that scenario, you would report 93225 for the recording, hook-up and removal of the cardiac monitor and 93227 for physician review and interpretation. The scanning company would report codes of its own for the analysis.

Heads up: Even if your office is limited to another type of technology, you may find yourself reporting codes from this series when the physician provides the patient with a cardiac device monitor in the hospital.

For example, if your physician interprets information from a visual superimposition scanning cardiac device in the hospital, you'll report his interpretation using 93227, says **Kathy Bequette**, medical biller at **Cardiac Associates of New Hampshire** in Concord.

93230-93233 = Microprocessor Analysis

The second set of extended EKG monitoring codes within the series 93230-93233 does not use superimposition scanning. Instead, a microprocessor analyzes the data and produces a printout of all recorded data in a miniaturized display.

Again, 93230 (Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning...) describes the global service, while the other three codes represent specific pieces of that global service.

Example: "We report 93230 when the cardiologist places this type of cardiac monitoring device on a patient in our office," Bequette says. That represents the global service.

"When the patient has had the same device put on in another office, then we use 93232-93233," Bequette adds. "That way we can receive reimbursement for the scanning and interpretation."

93235-93237 = Patient-Activated Event Markers

Your cardiologist may use a third recording mechanism. Codes 93235-93237 are similar to the previous two sets in that they represent services in which a patient wears a long-term EKG monitor for 24 hours.

These studies are unique because they require patients to indicate when they experience symptoms. "Hitting the 'record' button will pinpoint certain areas," and technicians then pay closer attention to the time frame noted when the recording is returned to the office, Bequette says.

You'll report this type of monitoring with global code 93235 (Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis...).

If your cardiologist performed only a part of this global service, you'll report either 93236 (...monitoring and real-time data analysis with report) or 93237 (...physician review and interpretation).

Red flag: If you're not sure what code describes your practice's machine, ask your cardiologist or technicians what type of monitor he used. You can also check with the company providing the equipment to determine what code criteria your documentation meets.

Note: For more information, see "Chart Out CPT's Cardiac Monitoring Codes" that follows.

Chart Out CPT's Cardiac Monitoring Codes

When a patient complains of heart palpitations or flutter, your cardiologist may want to constantly monitor the patient's heart over a period of 24 hours so she can see and analyze irregular rhythms. For this time period, the patient wears a beeper-size box that measures and records heart activity.

Coding translation: Depending on what kind of cardiac monitoring technology this beeper-size box uses, you'll have to choose between three closely related code series--93224-93227, 93230-93233, and 93235-93237. The following chart breaks down the characteristics of each cardiac monitoring code set.

