

Part B Insider (Multispecialty) Coding Alert

Reader Question: 3 Steps Help Tackle TEE Denial

Question: I get a denial when I report 93312, +93320, and +93325 together. Can you tell me what the problem might be?

Answer: The explanation of benefits should provide a clue, but here are some areas to check for your transesophageal echocardiography (TEE) claim for these codes:

- 93312, Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
- +93320, Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
- +93325, Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography).

Diagnosis: Compare the diagnosis code you reported to the payer's policy, such as the MAC's local coverage determination. Confirm whether the diagnosis code falls under the list of covered diagnoses

Edits: Verify the number of echocardiograms provided on the same day. Sometimes the patient will have a transthoracic echo (93306-26, Echocardiography, transthoracic, real-time with image documentation [2D], includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography; Professional component) on the same day as a TEE. Code 93306 includes spectral and color flow Doppler, which complicates trying to report complete spectral add-on code +93320 and color flow add-on code +93325 performed with 93312 on the same date as 93306.

Correct Coding Initiative (CCI) edits bundle +93320 and +93325 into 93306. You may override the edit for +93325 with a modifier 59 (Distinct procedural service) on that code to show it was distinct from 93306 (because the provider performed it during the 93312 session). However, Medicare will deny +93320 even with 59 appended. If documentation shows the physician performed a medically necessary limited, rather than complete, spectral exam with 93312, then you may append modifier 59 to +93321 (Doppler echocardiography, pulsed wave and/or continuous wave with spectral display [List separately in addition to codes for echocardiographic imaging]; follow-up or limited study [List separately in addition to codes for echocardiographic imaging]).

Components: If the cardiologist provided only the professional component, check whether you included modifier 26 (Professional component) on each code.

Code 93312 has professional and technical components. The same division of components applies to +93320 and +93325. So you need to indicate that you are reporting only the professional component of each code, if that is the case.

Place of service: Confirm that you have the proper place of service code. A lot of payers limit the settings in which they'll cover TEE.