

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: CMS Will Immediately Deny Outdated Codes

**Question:** A 65-year-old patient who just enrolled in Medicare came to our office for his IPPE. I billed G0402 with G0366. Medicare denied the claim with a status code of 507 (HCPCS). Is there some reason why we should not be able to use G0402?

**Answer:** Your claim probably is being denied because G0366 (Electrocardiogram, routine EKG with 12 leads; performed as a component of the initial preventive examination with interpretation and report) was deleted in December 2008 and should not be reported. Instead, you should report G0403 (Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report) if your physician provides both the technical and professional components of the EKG in addition to the exam. For the technical component only, the appropriate code is G0404 (... tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination). For the professional component only, the appropriate code is G0405 (... interpretation and report only, performed as a screening for the initial preventive physical examination). If no EKG is administered, only report G0402 (Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment).