

Part B Insider (Multispecialty) Coding Alert

Reader Questions: 93015 Plus E/M May Equal Denial

Question: May I report an E/M service in addition to a stress test?

Answer: The answer depends on the nature of the service. You should not report a separate E/M when the physician completes a history and limited exam connected to the stress test (such as 93015, Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report).

On the other hand, if the physician performs an E/M service unrelated to the stress test, you may be able to report an E/M code, assuming the documentation supports the history, exam, and medical decision making requirements of the code you choose.

Support: "If a physician in attendance for a cardiac stress test obtains a history and performs a limited physical examination related to the cardiac stress test, a separate evaluation and management (E&M) code should not be reported separately unless a significant, separately identifiable E&M service is performed unrelated to the performance of the cardiac stress test," states the Correct Coding Initiative manual, version 16.3, chapter 11, section I.9 (available at www.cms.gov/NationalCorrectCodInitEd/).

Also, the manual indicates you should append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code when you report it on the same date as the stress test.