

Outpatient Facility Coding Alert

Reader Questions: EKG and Cardioversions Are Not Bundled Together

Question: We do a pre- and post-EKG on every elective cardioversion patient. The CCI edits shows that the only way to bypass the edits is to assign the 59 modifier. Is it appropriate as we "always" do a pre- and post-EKG in these situations?

Utah Subscriber

Answer: You can bill the EKG following the cardioversion; however, medical necessity must be met. Performing an EKG routinely in every situation would constitute a standard of care. In those situations where medical necessity criteria have been substantiated, you should submit 92960 (Cardioversion, elective, electrical conversion of arrhythmia; external) with 93010 (Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only) or 93005 (Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report), depending on whether you are capturing the professional or technical component.

Append modifier 59 (Distinct procedural service) or one of the new X{EPSU} modifiers to 93010 or 93005 to differentiate between the two services provided.

Tip: Use code 92961 (Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure) if the provider performs internal cardioversion using drugs.