2017 Cardiology Survival Guide

Chapter 6: Cardiography/Cardiovascular Monitoring

CPT®'s "Cardiography" section includes routine electrocardiography (ECG) codes 93000-93010 and also points you to 0178T-0180T for 64-lead or greater ECG. Stress testing codes are also in this section. For more on coding these services, see Chapter 17, "Stress Tests."

Count on These Codes for Routine ECG Reporting

There are three codes for routine ECG:

- 93000 — Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 93005 — ... tracing only, without interpretation and report
- 93010 — ... interpretation and report only.

The service these codes describe typically involves placing six leads on the patient’s chest and additional leads on each extremity to pick up and trace the path of electrical activity sent from the sinoatrial node through the heart. The external skin electrodes can pick up electrical current because the heart’s electrical activity generates currents that spread to the skin.

You should not use modifier 26 (Professional component) or modifier TC (Technical component) with your ECG code.

Reason: Codes 93000-93010 are already broken down into professional and technical components:

- 93000: global (professional and technical components)
- 93005: tracing only (technical component)
- 93010: interpretation and report only (professional component).

In other words, if the cardiologist provides only the interpretation and report for an ECG performed at a hospital, you should report 93010, not 93000-26.

Don’t Let 93799 Derail 64+ Lead ECG Claims

Use Category III codes 0178T-0180T (Electrocardiogram, 64 leads or greater, with graphic presentation and analysis ...) instead of unlisted procedure code 93799 (Unlisted cardiovascular service or procedure). The Cat. III codes are specific to 64+ lead ECG, so reporting the unlisted code instead would be inappropriate, according to CPT® guidelines for Cat. III codes.

Watch out for Holter, MCT, and Event Monitor Codes

Holter, mobile cardiovascular telemetry (MCT), and event monitor codes are found in the “Cardiovascular Monitoring Services” section of CPT®. Below are the code descriptors and guidelines for usage.

Holter monitor: 93224-93227 — External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage ...

Tip: CPT® guidelines instruct you to append modifier 52 (Reduced services) for less than 12 hours of continuous
MCT: 93228-93229 — External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days ...

Tip: CPT® guidelines instruct you to report 93228-93229 only once per 30 days. They also state you should not report 93228 with Holter monitor codes 93224 or 93227, or 93229 with 93224 or 93226.

Event Recorder: 93268-93272 — External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring ...

Guideline definitions: The Cardiography section guidelines define the terms "attended surveillance" and "mobile cardiovascular telemetry" (MCT), which are included in these codes' descriptors.

"Attended surveillance": To meet the attended surveillance requirements, a remote technician must be immediately available to respond to the patient's rhythm or device alert transmissions when they're sent to the remote surveillance location. The device can be either wearable or implantable and either for monitoring or therapy.

"MCT": MCT continuously records the ECG rhythm from external electrodes on the patient. As the code descriptors indicate, rapid or slow heart rates can trigger automatic transmission, or the patient may choose to transmit data when experiencing symptoms.

Rhythm Recording: This refers to data analysis from recordings of the electrical activation of the heart. The words "Rhythm recording" make the selection of codes easier, because per "Cardiography" guidelines, ECG rhythm elements are distinct from physiologic data, even when the same device is capable of producing both.

Match 0206T to Multifunction Cardiogram

To report Premier Heart's Multifunction CardioGram (MCG), you should use 0206T (Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment).

The service: The MCG uses a mathematical approach to diagnose heart disease. Practices using the technology provide an in-office test similar to a resting ECG and then send the information to an MCG datacenter for analysis, which includes scoring the cardiac disease severity and listing differential diagnoses.

Catch this: The MCG system uses two leads. You may report a 12-lead ECG separately when performed, according to a note with the code. Choose from 93000-93010 (Electrocardiogram, routine ECG with at least 12 leads...).

Keep in mind: Category III codes describe emerging technologies, so a typical practice might not use the devices these codes describe.

But you need to keep track of available Category III codes. CPT® guidelines state that if CPT® offers a Category III code for a particular service, you must report that code instead of a Category I unlisted code.

So if your cardiologist returns from a conference eager to start using a new device, go to the manufacturer's Web site and familiarize yourself with it. Then check the CPT® and Category III codes on the AMA site to see if something seems to fit. To be sure you're using the most appropriate choice, consider the manufacturer's coding recommendation, and also research information available from the AMA and payers for their preferences.

Benefit: When you have a Category III option, not only is using it accurate, but you'll also be helping to determine whether the service will get a permanent code. Medicare uses Category III codes for tracking purposes, and based on the tracking information, CPT® may or may not eventually introduce a Category I code for them.