Coding Cardiology
Presented by Robin Peterson CPC, CPMA and Mary Hurley CPC

Objective

- EKGs
- Holter Monitors
- Event Monitors
- Stress Testing
- Echocardiography
- Cardiac Catheterization
- Interventions
- Common Denial Scenarios

EKG

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92900</td>
<td>Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report</td>
</tr>
<tr>
<td>92905</td>
<td>Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report</td>
</tr>
<tr>
<td>92910</td>
<td>Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only</td>
</tr>
<tr>
<td>92940</td>
<td>Rhythm ECG, 1-3 leads; with interpretation and report</td>
</tr>
<tr>
<td>92941</td>
<td>Rhythm ECG, 1-3 leads; tracing only without interpretation and report</td>
</tr>
<tr>
<td>92942</td>
<td>Rhythm ECG, 1-3 leads; interpretation and report only</td>
</tr>
</tbody>
</table>
ECG or EKG’s are the most common diagnostic test performed to detect cardiac arrhythmia:

- Electrodes are placed on the patient and electrical impulses are picked up from the heart muscle activity and translated to a graphic representation.

- Modifier 26 would not be appended to the 95000 or 95010.

- These codes are for 12 leads or more (including 15 leads).

- If the EKG is performed with less than 12 leads, report 95040, 95041, or 95042.

- Use modifier 76 or 77 as appropriate when more than one EKG is performed on the same date of service.

### Holter Monitors

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>92224</td>
<td>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>92225</td>
<td>92224 – recording (includes connection, recording, and disconnection)</td>
</tr>
<tr>
<td>92226</td>
<td>92224 – scanning analysis with report</td>
</tr>
<tr>
<td>92227</td>
<td>92224 – review and interpretation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>92227T</td>
<td>92224 – review and interpretation</td>
</tr>
</tbody>
</table>

- Holter monitors are designed to monitor a patient’s heart rhythm over a 24–48 hour period of time with continuous ECG recording.

- CPT 92224 includes all of the component codes 92225, 92226, and 92227.

- Append the 52 modifier if the recording is for less than 24 hours of monitoring.

- 92227T is billed for a monitor greater than 48 hours but less than 22 days (Zio patch or Z-patch)
Mobile Telemetry

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>93228</td>
<td>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; review and interpretation with report by a physician or other qualified health care professional</td>
</tr>
</tbody>
</table>

Event Monitors

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93268</td>
<td>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; includes transmission, review and interpretation by a physician or other qualified health care professional</td>
</tr>
</tbody>
</table>

Events monitors are designed to monitor a patient’s heart rhythm up to 30 days. The patient can activate the device when symptoms occur and the ECG data is recorded and stored and/or by pre-programmed detection algorithm.
Stress Testing

- Stress testing monitors the patient's heart activity during physical or pharmacological stress.
- Methods of exercise may be treadmill, bicycle, arm exercise (not common).
- Pharmacological method of stress may be used if the patient is unable to exercise (e.g., wheelchair bound or on medications that depress the heart rate).
- The patient will be exercised until symptoms occur or the maximum heart rate for the patient's age has been achieved.
- Vitals and continuous ECG recording is performed throughout the test.
- Services included in the stress test are electrocardiograms, rhythm strips, injection or infusion, and pulse ox – do not report these separately.
- Adenosine and Dobutamine are the most common pharmacological stress agents used.

Nuclear Stress Test Imaging

- Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed), single study, at rest or stress (exercise or pharmacologic)...
- Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed), single study, at rest or stress (exercise or pharmacologic) ...
- Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection...
- Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection...
Nuclear Stress Test Imaging

- A nuclear stress test has three parts – imaging during rest, exercise stress test, and images post stress
- An isotope is given to the patient by infusion or injection which attaches to the red blood cells
- During exercise normal coronary arteries dilate which provides more blood flow to the healthy coronary artery than the narrowed coronary artery
- The isotope is absorbed (perfused) by the heart muscle with the red blood cells and this shows the areas of dead (ischemic) heart muscle or blockages
- Radiopharmaceuticals should be billed separately

Transthoracic Echocardiography

- A complete echo study includes images and findings of:
  - Left and right atria
  - Left and right ventricles
  - The aortic, mitral, and tricuspid valves
  - The pericardium
  - Adjacent portions of the aorta

- Adjacent – next to or adjoining something
- Some of the most commonly documented adjacent portions of the aorta:
  - Aortic root
  - Ascending aorta
  - Descending aorta
Despite significant effort, identification and measurement of some structures may not always be possible. In such instances, the reason that an element could not be visualized must be documented. If the reason the element could not be visualized is documented, the physician gets credit for the attempt.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>93303</td>
<td>Transthoracic echocardiography for congenital cardiac anomalies, complete</td>
</tr>
<tr>
<td>93304</td>
<td>...follow-up limited study</td>
</tr>
<tr>
<td>93306</td>
<td>Echocardiography, transthoracic, real-time with image documentation (2DE), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography</td>
</tr>
<tr>
<td>93307</td>
<td>...without spectral or color Doppler echocardiography</td>
</tr>
<tr>
<td>93308</td>
<td>...follow-up limited study</td>
</tr>
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</table>
### Stress Echocardiography

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>93350</td>
<td>Echocardiography, transthoracic, real-time with image documentation 2D, includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report</td>
</tr>
<tr>
<td>93351</td>
<td>...with supervision by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>93352</td>
<td>Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

- Stress echocardiography consists of ultrasound imaging at rest, treadmill exercise, ultrasound images after stress.
- 93350 is billed when all professional services of the stress test were not performed by the same provider, the stress test would be reported additionally - 93016, 93017, 93018
- 93352 with the 26 modifier is billed when all of the professional components of the complete stress test and echocardiogram are performed by the same physician

### Doppler and Color Flow

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>93320</td>
<td>Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete</td>
</tr>
<tr>
<td>93321</td>
<td>...follow-up or limited study (List separately in addition to codes for echocardiographic imaging)</td>
</tr>
<tr>
<td>93325</td>
<td>Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)</td>
</tr>
</tbody>
</table>
Doppler and Color Flow

- 93320, 93321, and 93325 are reported when continuous and/or pulsed wave Doppler and color velocity mapping is performed, but may not be reported as stand-alone procedures.
- Codes 93320, 93321, and 93325 can be listed separately in addition to echo codes 93303, 93304, 93312, 93314, 93315, 93317, 93350, and 93351.

Transesophageal Echocardiography

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93334</td>
<td>Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording), including probe placement, image acquisition, interpretation and report.</td>
</tr>
<tr>
<td>93335</td>
<td>... placement of transesophageal probe only</td>
</tr>
<tr>
<td>93336</td>
<td>... interpretation and report only</td>
</tr>
</tbody>
</table>

- Transesophageal echos are considered invasive tests which are performed in the catheterization lab.
- The patient is sedated, the esophagus is anesthetized and a probe with a transducer at the end is placed down the esophagus behind the heart.
- Ultrasound images are taken via transducer on the probe.
- Codes 93334, 93335, and 93336 are considered invasive tests which are performed in the catheterization lab.
Cardiac Catheterization

- Cardiac catheterization for conditions other than congenital anomalies (93451 – 93461) include contrast injections, radiological supervision and interpretation and report.
- Cardiac catheterizations for congenital cardiac anomalies (93550 – 93553).
- Imaging add-on codes for congenital cardiac catheterization (93553 - 93556).
- Catheters may be placed in the right or left heart or both, coronary arteries and/or arterial and/or venous bypass grafts.

Cardiac Catheterization

- Components included in diagnostic heart catheterization are:
  - Arterial or venous access
  - Introduction, positioning, and/or repositioning of the catheter within the vascular system.
  - Road mapping angiography, recording of intracardiac and/or vascular pressures.
  - Intraprocedural injection for angiography.
  - Supervision and interpretation of angiography.
  - Contrast injection to image access site for closure.
  - Closure of access site.

Cardiac Catheterization

- Right heart catheterization measures the pressure in the right atrium, right ventricle, and pulmonary artery.
- Venous access.
“Left heart” catheterization without coronary angiography involves catheter placement in the left heart chambers.

Coronary angiography involves placement of catheters in the coronary arteries.
93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation

93455 with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

93458 with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

93459 with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

93460 with right heart catheterization including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

93461 with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

93462 with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

93463 Right heart catheterization, including measurement(s) of oxygen saturation and cardiac output, when performed

93464 with left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

93465 Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

93505 Endomyocardial biopsy
### Cardiac Catheterization

<table>
<thead>
<tr>
<th>Add-On Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>93462 - Left heart catheterization by transseptal puncture through intact septum or by transapical puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93463 - Pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including measuring hemodynamic measurements before, during, after, and following pharmacologic agent administration (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93464 - Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft to one or more coronary arteries and in situ arterial conduits (e.g., internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93468 - Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonery angiography (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

**34**

**35**

**36**

Supravalvular aortography (also aortic root angiography) performed during cardiac catheterization is reported with CPT 93567.

If the catheter is moved down to the abdominal aorta and angiography is performed during cardiac catheterization, report 75625 (interpretive findings of the abdominal aorta).

If the provider maneuvers the catheter down to the abdominal aorta and performs angiography, gives interpretive findings of the abdominal aorta and bilateral iliofemoral runoff, report 75630.
Cardiac Catheterization

- Often patients with coronary artery disease may have peripheral artery disease.
- If the physician maneuvers the catheter down to the extremity and selectively engages the iliac artery(ies), the access site can be viewed for closure.

Indications: Chest Pain, SOB
Procedure Performed: Left heart catheterization with coronary angiography.
Right femoral access is obtained and JL4 and JR4 catheters are used to obtain selective coronary angiography images. Subsequently, a pigtail catheter is used to cross the aortic valve and left ventricular end diastolic (LVED) pressure is obtained.

Indications: Severe SOB, chest pain, CMP, CAD
Procedure Performed: Left and right heart catheterization with coronary angiography.
Right femoral access is obtained and right internal jugular vein access is obtained. Through the right femoral access, JL4 and JR4 catheters are used to obtain selective coronary angiography images. Subsequently, a pigtail catheter is used to cross the aortic valve, and a left ventricular end diastolic (LVED) pressure is obtained. Through the right internal jugular vein, a catheter is maneuvered to the right atrium, right ventricle, and pulmonary artery where oxygen saturations and cardiac output is obtained.
Interventions

- **Common terminology** –
  - PCI – percutaneous coronary intervention
  - PTCA – percutaneous transluminal coronary angioplasty
  - POBA – plain old balloon angioplasty
  - BMS – bare metal stent
  - DES – drug eluting stent

- Percutaneous coronary interventions include:
  - Accessing and selectively catheterizing the vessel
  - Traversing the lesion
  - Radiological supervision and interpretation directly related to the intervention
  - Closure

- Major coronary arteries recognized by CPT for reporting interventions –
  - LM – Left Main Coronary Artery
  - RC – Right Coronary Artery
  - LC – Left Circumflex Coronary Artery
  - LC – Left Circumflex Coronary Artery
  - RI – Ramus Intermedius

- Coronary branch vessels recognized by CPT for reporting interventions –
  - Posterior descending and/or posterolaterals (RC)
  - Diagonals (LD)
  - Obtuse marginal 1 and/or obtuse marginal 2 (LC)
Interventions are reported based on a hierarchy of the intervention(s) performed in the vessel:
- PCI for chronic total occlusion (CTO)/PCI for acute myocardial infarction (AMI)
- Stent with atherectomy
- Atherectomy
- PCI of bypass graft
- Stent with angioplasty
- Angioplasty

Only one intervention may be reported for a single coronary vessel.
### Interventions

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>92933</td>
<td>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch</td>
</tr>
<tr>
<td>92937</td>
<td>Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel</td>
</tr>
<tr>
<td>92941</td>
<td>Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel</td>
</tr>
<tr>
<td>92943</td>
<td>Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel</td>
</tr>
<tr>
<td>93571</td>
<td>Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93572</td>
<td>…each additional vessel (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93573</td>
<td>Percutaneous transluminal coronary thrombectomy: mechanical (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93577</td>
<td>Thrombolysis, coronary, by intravenous infusion</td>
</tr>
<tr>
<td>93578</td>
<td>Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>93579</td>
<td>…each additional vessel (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

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- Angioplasty is angioplasty regardless of method, for example, cutting balloon/drug eluting balloon
- Atherectomy may be performed by directional, rotational etc.
- Stent can be bare metal or drug eluting
- CTO is defined as no antegrade flow through the true lumen with no presentation of ST elevation MI or Q wave MI
- Report 92941 only if the patient presents with an MI and is taken urgently for cardiac catheterization
  - This code can be used for either a native coronary artery intervention or a bypass artery intervention during MI
  - Report only once for the same encounter
  - If additional interventions are performed in other arteries report the appropriate base codes or additional branch codes

- Things to remember when coding interventions:
  - Code the most extensive procedure performed in a particular vessel, whether proximal, mid, or distal
  - If there is a lesion that starts in one vessel and extends into another vessel and is treated by one intervention, code only one intervention even though two vessels are involved
  - If there is a lesion at a bifurcation of two vessels and two separate interventions are performed in both vessels to treat the bifurcation lesion, two interventions should be billed

- Diagnostic heart catheterization performed with interventions may be reported if:
  - No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or
  - A prior study is available, but as documented in the medical record:
    - The patient’s condition with respect to the clinical indication has changed since the prior study, or
    - There is inadequate visualization of the anatomy and/or pathology, or
    - There is a clinical change during the procedure that requires new evaluation outside the target area of intervention
  - Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable
Interventions

Indications: Acute STEMI
Procedure performed: Urgent diagnostic left heart catheterization with coronary angiography and stent of culprit lesion
Right femoral access is obtained and JL4 and JR4 catheters are used to obtain selective coronary angiography images, subsequently a pigtail catheter is used to cross the aortic valve and left ventricular end-diastolic (LVED) pressure is obtained.
Due to the angiographic findings, it was decided to stent the culprit vessel. The stenosis was crossed and a stent was deployed with good positioning.

93458-26/59
92941 (vessel modifier)

Interventions

Indications: Ventricular tachycardia
Procedure performed: Planned PCI
Right femoral access is obtained and JL4 and JR4 catheters are used to obtain selective coronary angiography images. A balloon catheter was loaded on the catheter and maneuvered across the stenosed area in the right coronary artery. Several balloon inflations were performed.

92920-RC

Interventions

Indications: Abnormal stress test
Procedure performed: Diagnostic left heart catheterization, coronary atherectomy and stent placement in the LAD
Right femoral access is obtained and JL4 and JR4 catheters are used to obtain selective coronary angiography images. Due to the angiographic findings, an atherectomy catheter was placed in the left anterior descending artery and coronary atherectomy was performed with multiple passes. It was next decided to place a DES. A DES was loaded on the catheter and placed across the LAD lesion and deployed with good seating.

93454-26/59
92933-LD
Indications: Coronary artery disease

Procedure performed: PCI of the 1st diagonal coronary artery, right coronary artery and posterior descending artery

Right femoral access was obtained and JL4 and JR5 catheters were used for repeat coronary angiography, which again confirmed moderate stenosis in the 1st diagonal artery and severe stenosis in the right coronary and posterior descending arteries. A balloon catheter was advanced to the proximal RCA and multiple inflations were performed across the stenosis in the 1st diagonal artery. The balloon catheter was then advanced to the mid-RCA where multiple inflations were made. Attention was then turned to the right coronary artery, a balloon catheter was advanced to the mid-RCA and multiple inflations were made. It was decided to place a bare metal stent in the mid-RCA. A bare metal stent was loaded on the catheter and deployed in the mid-RCA with good result.

Next, attention was turned to the posterior descending artery. A balloon angioplasty catheter was placed in the proximal PDA and inflated. It was decided to then plant the distal PDA, a bare metal stent was loaded on the catheter and then deployed with good result.

- Billing multiple EKG's
- Repeat procedures
- Inpatient/Outpatient place of service
- E&M same day as diagnostic tests or procedures
- Uncovered diagnoses and sequencing

Denial Scenarios

- Billing Multiple EKG's on the same date of service:
  - Modifier 76
    - Repeat procedure by same physician
    - This modifier indicates that a procedure or service was repeated in a separate session on the same day by the same physician
  - Modifier 77
    - Repeat procedure by another physician
    - Modifier 77 indicates that a procedure had to be repeated by a different physician in a separate session on the same day
    - When using these modifiers the service performed must be the same service and performed on the same day.
Denial Scenarios

- Billing Multiple EKG’s on the same date of service:
  - Same provider
    - The procedure code is listed once, and then listed again with Modifier 76 added (two line items)
    - The number of times that the procedure was repeated is reported on separate line.
  - Different provider
    - The procedure code is listed once, and then listed again with Modifier 77 added (two line items).
    - The number of times that the procedure was repeated is reported on separate line.

Denial Scenarios

- Multiple EKG billing - Medicare and Medicaid:
  - Example: Dr. Smith orders an EKG and it is performed at 8 AM. A repeat EKG is performed at 10 PM. Later, the patient's condition requires a third EKG which is ordered by the same physician and done at 10 PM.
  - It would be billed as:
    - 93010, 93010
    - 76 and 93010
    - 76 or 93010 and 93010
    - 76 (units 2) dependent on carrier

Denial Scenarios

- EKG’s billed on the same day as other diagnostic tests or procedures will be a column 2 CCI edit on the following:
  - EKG with catheterization procedure
  - EKG with stress test supervision and interpretation
  - EKG with device checks/event monitors
  - Appropriate modifier:
    - 59 modifier - Distinct Procedural Service
    - XE - Separate encounter
Denial Scenarios

Other repeat diagnostic tests performed on the same date of service as an EKG:
- Echos (e.g. complete, limited, stress echo)
- Stress tests (e.g. regular, nuclear, stress echo)
- Report with modifier 59 or appropriate X-modifier

Repeat procedures on the same date of service:
- Non-surgical procedures carry a zero day global period
- Any additional non-surgical procedure on the same date of service will need to be reported with a modifier

Global modifiers:
- Modifier 78 - Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
- Modifier 79 - Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

Evaluation and management with diagnostic or therapeutic procedures:
- Modifier 25 - Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure
- Modifier 25 is an E&M modifier and should not be reported on a procedure
- Appended to an E&M performed on the same day as a minor procedure
- A minor procedure is defined as a procedure with zero to ten global day period in the CMS Physician Fee Schedule
- Do not report a separate E&M service for a planned procedure
Denial Scenarios

- Evaluation and management with diagnostic or therapeutic procedures:
  - Modifiers 57 - Decision for surgery
  - Appended to an E&M service performed within 24 hours of a major procedure
  - Major procedure is defined as a procedure with a 90-day global period
  - Do not report a separate E&M service for a planned procedure

Denial Scenarios

- Inpatient or outpatient place of service:
  - Separate claims for services performed as an inpatient or outpatient provided during the same "stay", e.g. patient was in observation status for a period of time and then decision to admit was made
  - Admission dates:
    - Missing or incorrect dates
  - Place of service:
    - Incorrect place of service will cause denials depending on inpatient codes billed for outpatient stay

Denial Scenarios

- Uncovered diagnoses:
  - Medicaid - unspecified codes
    - Check documentation to make sure correct level of specificity has been coded for diagnoses
  - Some diagnosis codes in ICD-10 (i.e. bradycardia/taachycardia) are non-specific with no other choice
  - Screening - pre-op cardiological health exam
    - Make sure you check order or documentation
    - Remember rules for correct ICD-10 reporting for diagnostic tests
- Diagnoses sequencing:
  - Check your national and local coverage determinations for services.
  - Diagnoses sequencing should be relevant for the procedure being billed (e.g., pacemakers, defibrillators, or caths).

Thank you!