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HIGHMARK CODING TIPS

AUGUST, 2018

Cardiovascular Stress Test Coding - 93015

Procedure Code 93015 is a total component code and should not be reported with modifiers 26 and TC. If the provider only performed the professional or technical component of the test, providers should report procedure codes 93016-93018 as appropriate. See below for the cardiovascular stress test codes:

93015: *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report*

93016: *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report*

93017: *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report*

93018: *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only*

Reporting Time Based Procedures

Highmark requires that a qualified health care professional document time in a member's medical record when they perform time-based services.

These time-based services include, but are not limited to:

- Critical care
- Discharge day management
- Physical medicine and rehabilitation
- Psychotherapy

The documentation of time should be recorded by either the total number of minutes spent treating the patient (therapy should be specific to each modality) or the beginning and end times of each treatment (e.g., 11:00 through 11:30).

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Calculating and Reporting Time-Based Codes

The calculation of time should be based on face-to-face time for office and other outpatient visits and as unit/floor time for hospital and other inpatient visits.

Per CPT time guidelines, unless there are code or code-range-specific guidelines, parenthetical instructions, or code descriptors to the contrary, the following standards apply to time measurement:

- A unit of time is attained when the midpoint is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and 60 minutes). A second hour is attained when 91 minutes have elapsed.
- When codes are ranked in sequential typical times, and the actual time is between two typical times, use the code with the typical time closest to the actual time (e.g., psychotherapy codes).

Multiple units can be reported per date of service for one or more procedures based on the aggregate amount of time spent by a qualified health care professional in direct contact with the patient (e.g., Physical Therapy codes). However, the number of units billed cannot exceed the overall time spent treating the patient.

For example, if 10 minutes of code 97112 were furnished and 8 minutes of code 97110 were furnished, the total treatment time was 18 minutes; and therefore only one unit can be billed. The correct coding is one unit of code 97112 (assign to the service that took the most time).

For further clarification of timed therapy codes, please reference the Highmark Provider Manual.

Calculating and Reporting Anesthesia Time

Anesthesia time begins when the anesthesia provider is first in attendance with the patient for the purpose of creating the anesthetic state. Anesthesia time ends when the provider is no longer in personal attendance; that is, when the patient may be safely placed under customary postoperative supervision. Please see Reimbursement Policy RP-033 for additional information on the reporting of anesthesia time.