CARDEA SOLO™

Global vs Split Billing Scenarios For External Electrographic Recording (48 Hours Up To 7 Days)

Introduction

Practices and billing managers are continually evaluating when it is appropriate to use a single global diagnostic billing code versus split billing the child codes. Formal guidance from governing bodies has been vague and difficult to interpret. This paper attempts to clarify the appropriate use of the global billing code CPT® 93241 when used for external electrocardiographic recording for **more than 48 hours up to 7 days** by continuous rhythm recording and storage; including recording, scanning analysis with report, review, and interpretation.

Effective January 1, 2021, the American Medical Association (AMA) and Centers for Medicare & Medicaid (CMS) will implement new Category I CPT codes and set RVUs for external long-term continuous electrocardiogram monitors. The new codes will replace CPT global code 0295T and its associated supporting codes 0296T, 0297T & 0298T which expire on December 31, 2020.

New CPT codes effective January 1, 2021:

Code	Description
93241 (Global)	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93242 (Professional)	Recording (includes connection and initial recording)
93243 (Technical)	Scanning analysis and report
93244 (Professional)	Review and interpretation

Chapter 1: CMS Update CR10882

Effective March 9, 2020, CMS provided an Update to the Medicare Claims Processing Manual, Chapters 1 and 35.The change (CR 10882) adds new sections on global billing and separate Technical Component (TC) and Professional Component (PC) billing instructions (https://www.cms.gov/files/document/mm10882). When a global diagnostic service code is billed (for example, no modifier TC and no modifier -26), the address where the TC was performed must be reported on the claim.

Chapter 2: Global Billing

Global billing is acceptable when both the TC and PC are performed by the **same entity** and both the TC and the PC are furnished within the same Medicare Physician Fee Schedule (MPFS) **payment locality**. The TC and PC may be furnished in different locations AS LONG AS they are furnished within the same MPFS payment locality. If the global diagnostic test code is billed, providers should report the name, address, and National Provider Identifier (NPI) of the location where the TC was furnished.

To bill the global diagnostic service code, the provider must perform the Technical Component (93243) and the Professional components (93242 and 93244). The provider can perform these tasks as separate physical locations **ONLY if the MPFS is within the same payment locality.**

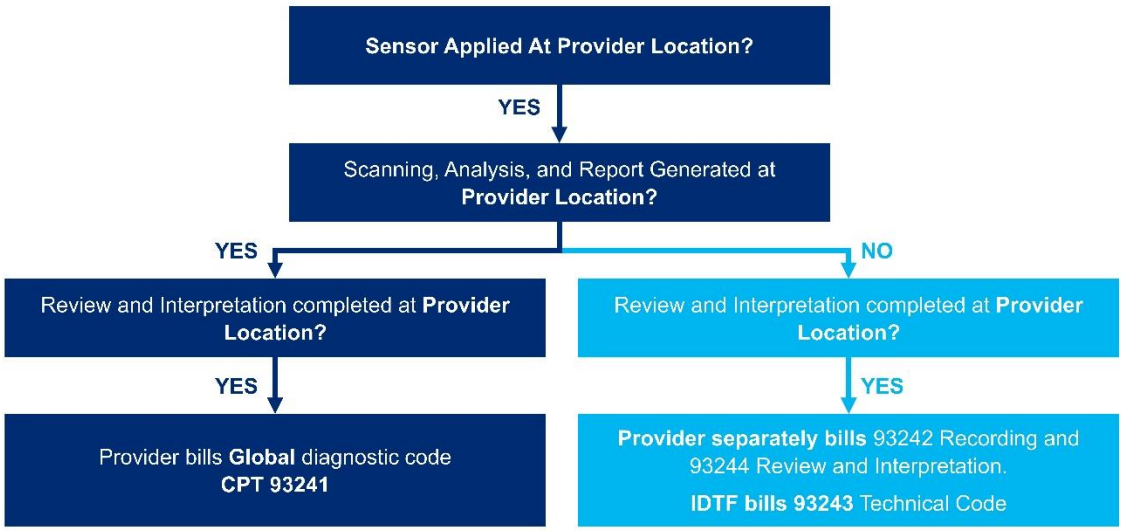
EXAMPLE: Cardiology Provider "A" has two offices; Atlanta, GA., and Alpharetta, GA. The Atlanta office (locality 01) performs the Professional Components (93242 and 93244) and the Alpharetta office (locality 99) provides the Technical Component (93242) then this would be prohibited and the provider must separate the TC/PC billing. However, if the locations have the same MPFS payment locality, then the provider could bill the global diagnostic service code.

Chapter 3: Split Billing

When the **TC and PC are billed separately** (not billed globally), providers should report the name, address, and National Provider Identifier (NPI) of the location where **each component** was performed. If the billing provider/supplier has an enrolled practice location at the address where the service was performed, the billing provider/supplier may report their own name, address and NPI in Items 32 and 32a (or the 837P electronic claim equivalent). The NPI in Item 32a must correspond to the entity identified in Item 32 (no matter if it is the group, hospital, Independent Diagnostic Testing Facility (IDTF), or individual physician).

EXAMPLE: A provider uses cardiology sensor/patch X and applies the sensor/patch and does the review at their physical location, then the provider is eligible to separately bill for 93242 recording code and the 93244 review and interpretation code under the Physician's NPI. The provider would then need to note in Item 32 and 32a (or the 837P electronic claim equivalent) that the 93243 technical component is being completed by a service provider and/or IDTF and include the IDTF's NPI.

Chapter 4: Decision Tree



Summary

Global billing by the provider is acceptable when the TC and PC are performed by the same entity and both the TC and PC are furnished within the same payment locality.

Separate TC/PC billing is required when the NPI of the billing provider/supplier performing the TC is different than the NPI of the provider billing the PC or in a different payment locality.

References:

https://www.cms.gov/files/document/mm10882

https://www.cms.gov/files/document/r4473cp.

http://go.cms.gov/MAC-website-list