### Cardiology Billing Examples: UB-04

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This section is to assist providers in completing the *UB-04* claim form for cardiology-related procedures. Refer to the Cardiology section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

#### **Billing Tips:**

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the Remarks field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

## <u>Transesophageal Echocardiography Professional and Technical</u> <u>Components Rendered by Same Provider</u>

Figure 1. Transesophageal echocardiography professional and technical component services indicated by billing without a modifier.

In this example, a provider has performed a transesophageal echocardiography (TEE) for a recipient, and has rendered both the professional component (placement of transesophageal probe) and the technical component (image acquisition, interpretation and report) of the service. Because both components were rendered by the same provider, CPT® code 93312 is entered without a modifier on a single claim line. This indicates that the same provider rendered both the professional and technical service components.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

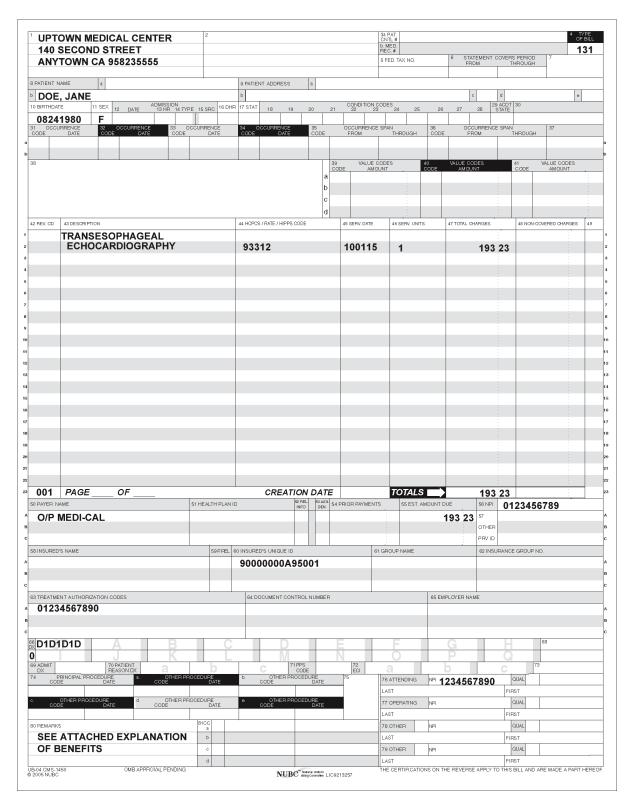


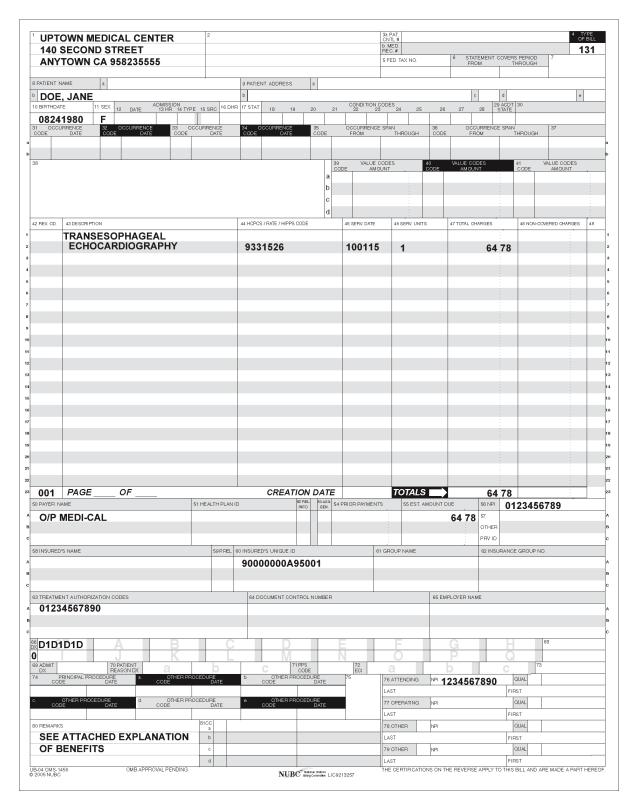
Figure 1: Transesophageal Echocardiography Professional and Technical Services

# <u>Transesophageal Echocardiography Professional Component</u> <u>Only</u>

Figure 2. Transesophageal echocardiography professional component only indicated by modifier 26.

In this example, a provider has performed a transesophageal echocardiography (TEE) for a recipient, and has rendered only the professional component of the service. This service is indicated using CPT code 93315 and modifier 26 on the claim line.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.



**Figure 2:** Transesophageal Echocardiography Professional Component Service Indicated by Modifier 26.

## «Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
**	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.