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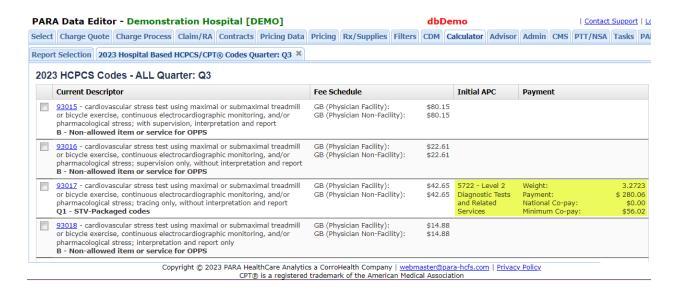
## **Stress Testing**

The code set for stress test performance, supervision, and interpretation and report are as follows:

CPT/HCPCS	ТҮРЕ	DESCRIPTION
93015 - CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISION, INTERPRETATION AND REPORT	Global billing, non- hospital setting	All 3 components: Testing, supervision, and interpretation/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	Pro Fee (hospital or non-hospital setting)	Supervision only
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	Facility Fee	Facility fee - performance of test
93018 - CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; INTERPRETATION AND REPORT ONLY	Pro Fee	Interpretation/report only

Hospitals should charge 93017 for conducting the stress test. The supervising physician charges 93016 on a pro fee claim, and the interpreting physician charges 93018. Note that APC reimbursement under OPPS is indicated for only 93017; the other codes are for professional fee reporting, not facility charges.





### **Stress Echocardiograms**

Stress echocardiograms are reported in one of two ways for facility fees:

- Report code 93351 when the hospital provides the resources for the stress echo and the stress test.
- Report 93350 if the hospital provides only the resources for the echo, not the stress test.

Both codes are payable under Medicare's Hospital Outpatient Prospective Payment System (OPPS). In the 2010 OPPS Final Rule, CMS stated the APC payment for 93351 includes the hospital's payment for code 93017.

According to AHA Coding Clinic® for HCPCS, Third Quarter 2012, the hospital should report 93351 "when both a complete stress test and a stress echocardiogram are performed together without contrast, regardless of the fact that it was performed by different departments." Therefore, hospitals should report the single code 99351 for the facility fee when performing a stress echocardiogram.





The codes for reporting a component of the professional services for stress echos are:

- Stress test supervision 93016 (no modifier required)
- Stress test interpretation and report 93018 (no modifier required)
- Stress echocardiogram interpretation 93350-26

If one physician alone performs all three components listed above, the professional fee may be reported with the single combination code 93351-26.

If pharmacologic stress is utilized, the facility may also report a HCPCS code for the drug administered to induce stress (e.g., dobutamine, J1250 or adenosine, J0153).

#### Additional Resources

For additional information regarding reporting echocardiography in the facility setting, please see the below PARA Paper available in the Advisor tab of the PDE:

Facility Echocardiography Coding

The preceding materials are for instructional purposes only. The information is presented "as-is" and to the best of CorroHealth's knowledge is accurate at the time of distribution. However, due to the ever-changing legal/regulatory landscape, this information is subject to modification as statutes, laws, regulations, and/or other updates become available. Nothing herein constitutes, is intended to constitute, or should be relied on as legal advice. CorroHealth expressly disclaims any responsibility for any direct or consequential damages related in any way to anything contained in the materials, which are provided on an "as-is" basis and should be independently verified before being applied. You expressly accept and agree to this absolute and unqualified disclaimer of liability. The information in this document is confidential and proprietary to CorroHealth and is intended only for the named recipient. No part of this document may be reproduced or



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