

Cardiology Billing and Coding Cheat Sheet

Quick Reference for U.S. Practices

Common CPT Codes (Examples)

Service Category	CPT Code	What to Remember
E/M – New Patient	99202–99205	Select based on medical decision-making
E/M – Established Patient	99212–99215	Documentation must support complexity
ECG	93000	Includes tracing and interpretation
Echocardiogram	93306	Document complete study and findings
Stress Test	93015	Confirm supervision and interpretation
Coronary Angiography	93458	Detailed procedural note required
Coronary Stent	92928	Document lesion, vessel, and outcome

Common ICD-10 Diagnosis Codes (Examples)

ICD-10 Code	Diagnosis	Billing Tip
I10	Essential hypertension	Must support service necessity
I25.10	Atherosclerotic heart disease	Common for ischemic evaluations
I48.91	Atrial fibrillation	Specify type when possible
I50.9	Heart failure	Use specificity if documented
I20.9	Angina pectoris	Often linked with stress testing

High-Risk Modifiers

Modifier	Meaning	Use Only When
-26	Professional component	Physician interpretation only
-TC	Technical component	Equipment or technical service
-25	Separate E/M service	E/M distinct from procedure
-59	Distinct procedural service	Separate site or session

Documentation Must-Haves

Documentation Element	Why It Matters
Patient symptoms	Supports medical necessity
Test results	Required for diagnostic billing
Interpretation	Needed for professional billing
Assessment and plan	Justifies level of service
Date-specific necessity	Prevents retroactive denials

Common Cardiology Denial Triggers

Denial Reason	How to Avoid
Diagnosis does not support CPT	Match ICD-10 to service
Missing test report	Attach or reference results
Incorrect modifier use	Verify documentation
Insufficient medical necessity	Document clinical reasoning
Payer rule not followed	Check coverage policies

Billing Best Practices Snapshot

Best Practice	Impact
Pre-visit insurance verification	Reduces front-end denials
Provider documentation education	Improves coding accuracy
Routine coding audits	Lowers compliance risk
Denial trend tracking	Improves collections
Clear coder-provider communication	Prevents repeat errors

Telecardiology and RPM Billing Reminders

Area	Key Reminder
Patient consent	Must be documented
Time tracking	Required for RPM services

Eligible conditions	Verify payer coverage
Frequency limits	Follow CMS rules

Compliance Note: Codes shown are examples only. Always verify current CMS and payer-specific guidelines