ADMINISTRATIVE POLICY STATEMENT
Indiana Medicaid

Policy Name & Number	Date Effective
Emergency Department Electrocardiogram (EKG/ECG) Interpretation and Imaging Interpretation-IN MCD-AD-1092	01/01/2023-02/29/2024

Policy Type
ADMINISTRATIVE

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Emergency Department Electrocardiogram (EKG/ECG) Interpretation and Imaging Interpretation

B. Background

An electrocardiogram (EKG/ECG) is a non-invasive test that records the electrical activity of the heart. It is used when a possible cardiac issue occurs and the patient is seen in the Emergency Department due to an emergency medical condition. An electrocardiogram (EKG/ECG) may need to be performed to address the situation quickly. The recording is reviewed by a physician who provides an interpretation and written report. An EKG/ECG may be reported as the technical aspect only, the interpretation and written report only, or both aspects together as one service.

C. Definitions

- **Electrocardiogram (EKG/ECG)** - A test that records the electrical activity of the heart. For the purpose of this policy EKG will be used to represent both EKG and ECG.
- **Emergency medical condition** - A medical condition with sudden severity and onset that in the absence of immediate medical attention could place the patient's health in serious jeopardy. This includes labor and delivery, but not routine prenatal or postpartum care, or services related to an organ transplant procedure.
- **Imaging** - Several different technologies that are used to view the human body in order to diagnose, monitor, or treat medical conditions.

D. Policy

I. Electrocardiogram (EKG/ECG) Interpretation

A. CareSource considers EKG interpretation medically necessary when EKG interpretations are completed in the Emergency Department (Place of service (POS) 23).

B. CareSource will reimburse the first EKG interpretation claim that is received for the member on the date of service.

1. If another claim for the same EKG interpretation is received for reimbursement, CareSource will only reimburse the first claim received for the same member on the same date of service.
2. CareSource will not reimburse for duplicate claims, for the same service on the same date of service for the same member, without the appropriate modifier.

C. If a second EKG interpretation is medically necessary, on the same date of service, before the member is discharged, modifier 76 or modifier 77 must be appended to the second EKG interpretation for reimbursement.

II. Imaging Interpretation

A. CareSource considers imaging interpretation medically necessary when imaging interpretation are completed in the Emergency Department (Place of service (POS) 23).

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B. CareSource will reimburse the first imaging interpretation claim that is received for the member on the date of service.
   1. If another claim for the same imaging interpretation is received for reimbursement, CareSource will only reimburse the first claim received for the same member on the same date of service.
   2. CareSource will not reimburse for duplicate claims, for the same service on the same date of service for the same member, without the appropriate modifier.

C. If a second imaging interpretation is medically necessary, on the same date of service, before the member is discharged, modifier 76 or modifier 77 must be appended to the second imaging interpretation for reimbursement.

III. CareSource expects providers to work with other departments, within their organization, to determine which department will submit the claim to prevent duplicate claim submissions.

E. Conditions of Coverage

CareSource expects provider to use appropriate standard billing guidelines. Modifiers and Place of service codes are listed below only as a reference.

Modifier	Description
26	Professional Component
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
Place of Service	**Description**
23	Emergency Room-Hospital - a portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATES	ACTION
Date Issued	03/31/2021	New policy
Date Revised	09/14/2022	No changes to content. Edited definition wording.
Date Effective	01/01/2023	
Date Archived	02/29/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

NA

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

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RR2022 IN-MED-P- 1588453 Issue Date 03/31/2021 Approved OMPP 10/14/2022

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The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.