HAP CareSource™

REIMBURSEMENT POLICY STATEMENT
Michigan Medicaid

Policy Name & Number	Date Effective
Electrocardiogram (EKG/ECG) Interpretations-MI MCD-PY-1806	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management 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 federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

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.

Table of Contents

A. Subject
Electrocardiogram (EKG/ECG) Interpretations

B. Background
An electrocardiogram (EKG/ECG) is a non-invasive test that records the electrical activity of the heart and is often used when a possible cardiac issue occurs. The recording is reviewed by a provider who renders 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. For the purpose of this policy, EKG will be used to represent both EKG and ECG.

A second EKG interpretation may be warranted only under unusual circumstances as medically necessary.

C. Definitions
NA

D. Policy
I. HAP CareSource will reimburse the first EKG interpretation claim that is received for the member on the date of service.
   A. If another claim for the same EKG interpretation is received for reimbursement, HAP CareSource will only reimburse the first claim received for the same member on the same date of service.
   B. HAP CareSource will not reimburse for duplicate claims for the same service on the same member on the same date of service without the appropriate modifier.

II. 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.

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

E. Conditions of Coverage
I. HAP CareSource expects providers to use appropriate standard billing guidelines. Modifiers are listed below as a reference only.

Modifier	Description
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

II. Reimbursement policies are designed to assist providers when submitting claims to HAP CareSource and are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement of claims may be subject to limitations and/or qualifications. Reimbursement will be established based on a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify a member's eligibility.

III. Reimbursement is dependent on, but not limited to, submitting approved CPT or HCPCS codes along with appropriate modifiers if applicable. Please refer to individual fee schedule for appropriate codes.

IV. Providers must follow proper billing, industry standards, and state compliant codes on all claim submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, HAP CareSource policies apply to both participating and nonparticipating providers and facilities.

V. In the event of any conflict between this policy and the provider's contract with HAP CareSource, the provider's contract will be the governing document.

F. Related Policies/Rules

Modifiers

G. Review/Revision History

	DATE	ACTION
Date Issued	05/20/2026	New policy created. Previous Administrative policy AD-1389 converted to Reimbursement policy PY-1806. Removed imaging language to improve clarity. Approved at Committee.
Date Revised		
Date Effective	09/01/2026	
Date Archived		

H. References

1. Prutkin JM. ECG tutorial: Basic principles of electrocardiography analysis. UpToDate. Updated March 9, 2026. Accessed April 23, 2026. www.uptodate.com
3. Sattar Y, Chhabra L. Electrocardiogram. In: *StatPearls*. Updated June 5, 2023. Accessed April 23, 2026. www.ncbi.nlm.nih.gov

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