



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Emergency Department Electrocardiogram (EKG/ECG) Interpretation		PY-0793	08/01/2019
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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 agreement, 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 documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other 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) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Emergency Department Electrocardiogram (EKG/ECG) Interpretation

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon 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 their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

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

- **Emergency medical condition** - is a medical condition with sudden severity and onset that in the absence of immediate medical attention could placing 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.
- **Electrocardiogram (EKG/ECG)** – is 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.

D. Policy

- I. CareSource does not require a prior authorization (PA) for EKGs completed in the Emergency Department (Place of service (POS) 23).
 - A. Regardless of POS, the modifier appended to the CPT code determines a duplicate service.
- II. CareSource will reimburse the first EKG claim that is received for the member of the date of service.
 - A. If another claim for the same service EKG is received for reimbursement, CareSource will only reimburse the first claim received for the same member on the same date of service.
 - B. Care Source will not reimburse for duplicate claims, for the same service on the same date of service for the same member.
 1. Example: 93010 is received and is reimbursed. Another 93010 claim is received for the same date of service and is denied as duplicate service.
 - C. If a second EKG is medically necessary, on the same date of service, to determine a cardiac change before the member is discharged, modifier 76 or modifier 77 must be appended to the second EKG for reimbursement.



1. Example: 93010 is received and reimbursed. Another 93010 is completed and submitted for reimbursement. The second 93010 has modifier 76 or 77 (whichever is applicable) appended (93010-76 or 93010-77) to distinguish between the first and second EKG performed on the same member on the same date of service.

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

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

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code		Description
93000		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005		Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010		Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93040		Rhythm ECG, 1-3 leads; with interpretation and report
93041		Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042		Rhythm ECG, 1-3 leads; interpretation and report only
93225		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93227		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
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

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	10/31/2013	Revision
Date Revised	3/20/2019	Updated template and code reference
Date Effective	08/01/2019	



H. References

1. Appendix DD to rule 5160-1-60 (Non-Institutional Fee Schedule). (2019, January 1). Retrieved 3/12/2019 from <https://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>
2. Electrocardiogram. (2019, March 12). Retrieved 3/12/2019 from <https://www.nhlbi.nih.gov/health-topics/electrocardiogram>
3. Lawriter - OAC - 5160-2-21.1 Consumer co-payments for non-emergency emergency department services. (2015, April 1). Retrieved 3/12/2019 from <http://codes.ohio.gov/oac/5160-2-21.1v1>

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

Independent medical review – 2/2015

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