CareSource

REIMBURSEMENT POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Electrocardiogram (EKG/ECG) Interpretations-OH MCD-PY-1810	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. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are 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.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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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. 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, CareSource will only reimburse the first claim received for the same member on the same date of service.
   B. 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. 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. 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 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, 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 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-1084 converted to Reimbursement policy PY-1810. 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

Approved by ODM 06/08/2026