



ADMINISTRATIVE POLICY STATEMENT

Nevada Medicaid

Policy Name & Number	Date Effective
Electrocardiogram (EKG/ECG) Interpretation and Imaging Interpretation-NV MCD-AD-1609	01/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment 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 in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract 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

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 and is used when a possible cardiac issue occurs. 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. For the purpose of this policy, EKG will be used to represent both EKG and ECG.

C. Definitions

- **Electrocardiogram (EKG/ECG)** – A test that records the electrical activity of the heart.
- **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) and Imaging Interpretation

A. CareSource will reimburse the first EKG and/or imaging interpretation claim that is received for the member on the date of service.

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

B. If a second 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 interpretation for reimbursement.

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

E. Conditions of Coverage

CareSource expects providers to use appropriate, standard billing guidelines. Modifiers are listed below only as a reference.

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

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

Imaging Modifiers

Modifier	Description
26	Professional Component
TC	Technical component

F. Related Policies/Rules

Modifier 26 and TC: Professional and Technical Component

G. Review/Revision History

DATE		ACTION
Date Issued	07/30/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2026	
Date Archived		

H. References

1. Hussain S, Mubeen I, Ullah N, et al. Modern diagnostic imaging technique applications and risk factors in the medical field: a review. *Biomed Res Int.* 2022;5164970. doi:10.1155/2022/5164970
2. Sattar Y, Chhabra L. *Electrocardiogram*. StatPearls Publishing; 2025. Updated January, 2025. Accessed July 10, 2025. www.ncbi.nlm.nih.gov
3. Medical Imaging. US Food and Drug Administration. Published August 28, 2018. Accessed July 10, 2025. www.fda.gov
4. What are medical coding modifiers? American Academy of Professional Coders. Reviewed August 19, 2022. Accessed July 10, 2025. www.aapc.com

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