

Corporate Medical Policy

ECG Reimbursement Issues

File Name: ecg_reimbursement_issues
Policy Number: ADM9045
Origination: 8/2003
Last Review: 04/2008

Active policy, no longer scheduled for routine literature review.

Description

An electrocardiogram is a graphic tracing of the variation in electrical potential caused by the excitation of the heart muscle and detected at the body surface. The normal electrocardiogram shows deflections resulting from atrial and ventricular activity. The first deflection, P, is due to excitation of the atria. The QRS deflections are due to excitation (depolarization) of the ventricles. The T wave is due to recovery of the ventricles (repolarization). The U wave is a potential undulation of unknown origin immediately following the T wave, seen in normal electrocardiograms and accentuated in hypokalemia. It is abbreviated ECG or EKG. The ECG tracing shows changes in magnitude of voltage and polarity (positive and negative) with time.

In the hospital and emergency room settings, billing for ECGs may be divided into a technical component (performing the ECG) and a professional component (interpretation and report of the ECG).

Principles

1. BCBSNC only reimburses providers for services directly delivered to member or to the management of a member's condition. Consistent with Medicare guidelines, interpretation of the ECG must be done contemporaneously (at the time that clinical management decisions are being made).
2. BCBSNC will reimburse for interpretation of the ECG once, except under unusual consultative circumstances. The interpretation or the fee for the interpretation should be submitted based on place of service where the ECG was performed.
3. BCBSNC reimbursement for the professional component (CPT 93010) is for "interpretation and report" of an ECG procedure, not "review" of the procedure. A review of the findings of these procedures, without a written report, does not meet the conditions for separate payment of the service since the review is already included in the emergency room visit payment.

Blue Cross and Blue Shield of North Carolina's Criteria for Reimbursement of Professional Interpretation of ECGs

Physicians may be eligible for professional reimbursement of ECG interpretation (CPT 93010) when ALL of the following criteria are met:

1. Based on information obtained from the hospital and provider, BCBSNC will determine which providers are eligible for reimbursement for the professional component of ECGs performed in the emergency room. AND

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2. The medical record supports the provider assertion that the ECG reports document independent reimbursable services, including **ALL** of the following:
 - a. The ECG is used to diagnose and/or manage an ER patient's condition acutely.
 - b. The report is identifiable as a separate report (either a separate document or a clearly identifiable and independent portion of the ER record).
 - c. The report contains **ALL** components of a full 12 lead ECG report, including:
 - i. Name of patient
 - ii. Date of patient's birth and age
 - iii. Patient identification number
 - iv. Ordering physician's name
 - v. Date the technical portion of the study was performed
 - vi. Full and permanent graphical representation including I, II, III, aVL, aVR, aVF, and V1-V6, and rhythm strip.
 - vii. Measurement of all intervals (PR, QRS, QT) and axis.
 - viii. Documentation of rhythm and heart rate.
 - ix. Interpretation of the ECG tracing by the billing provider.
 - x. Legible signature by interpreting provider and date of interpretation noted independently of the ER record.

Policy Guidelines

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: *ADM9045*, pricing and adjudication principles, payment, bundling, EKG, ECG.

Medical Term Definitions

Not applicable

Scientific Background and Reference Sources

Federal Register. Rules and Regulations. Vol 60, No. 236. P 63130-63133. Friday, December 8, 1995.

Medical Policy Advisory Group - 10/2003

Medical Policy Advisory Group - 03/10/2005

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Medical Policy Advisory Group - 03/24/2006

Policy Implementation/Update Information

- 8/03 Original policy issued.
- 10/03 Medical Policy Advisory Group review. No changes to policy. Reaffirm.
- 02/05 Added the following statement to the Principles section of the policy. "The interpretation or the fee for the interpretation should be submitted based on place of service where the ECG was performed.
- 04/07/05 Medical Policy Advisory Group reviewed policy on 03/10/2005. Typos corrected.
- 5/08/06 Medical Policy Advisory Group review 3/24/06. No change to policy criteria. Policy number added to the Key Words Section.
- 3/26/07 Medical Policy reviewed by Senior Medical Director of Network Support.
- 05/05/08 No changes to policy criteria. Policy reviewed 04/04/2008 by Vice President and Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy. Policy status changed to "Active policy, no longer scheduled for routine literature review."