MLN Matters®
Information for Medicare Fee-For-Service Health Care Professionals

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Electrocardiographic Services

Note: This article was updated on May 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians and providers billing Medicare carriers and fiscal intermediaries (FIs) for electrocardiographic (ECG or EKG) services

Provider Action Needed

STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) nationally covers the use of electrocardiographic (ECG or EKG) services under specific criteria described in §20.15, Pub. 100-03, *National Coverage Determinations (NCD) Manual*. EKG technologies are now organized into an updated framework to aid in making reasonable and necessary coverage determinations as they pertain to EKG technology. Effective August 26, 2004, electrocardiographic (EKG) services performed with a marketed, Food and Drug Administration (FDA)-approved device, are eligible for coverage if they can be categorized according to the EKG Services Framework described in the NCD Manual.

CAUTION – What You Need to Know

Ambulatory cardiac monitoring performed with a marketed, FDA-approved device is eligible for coverage if it can be categorized according to the EKG framework. Unless there is a specific NCD for that device or service, determination as to

whether a device or service that fits into the framework is reasonable and necessary is at the discretion of your local carrier or FI.

GO – What You Need to Do

To ensure accurate claims processing for EKG services, review the information included here and stay current with instructions for electrocardiographic services.

Background

EKG technologies are now organized into an updated framework to aid in making reasonable and necessary coverage determinations as they pertain to EKG technology. Ambulatory cardiac monitoring performed with a marketed, FDA-approved device is eligible for coverage if it can be categorized according to that framework.

The framework is detailed and described in a revised portion of the NCD manual and that revised portion is attached to CR3590. The following table summarizes the nationally covered indications and nationally non-covered indications for EKG technologies:

Nationally Covered Indications	Nationally Non-Covered Indications
1. Computer analysis of EKGs when furnished in a setting and under the circumstances required for coverage of other EKG services.	1. The time-sampling mode of operation of ambulatory EKG cardiac event monitoring/recording.
2. EKG services rendered by an independent diagnostic testing facility (IDTF), including physician review and interpretation. Separate physician services are not covered unless he/she is the patient's attending or consulting physician.	2. Separate physician services other than those rendered by an IDTF unless rendered by the patient's attending or consulting physician.
3. Emergency EKGs performed as a laboratory or diagnostic service by a portable x-ray supplier only when a physician is in attendance at the time the service is performed or immediately thereafter.	3. Emergency EKG services by a portable x-ray supplier without a physician in attendance at the time of service or immediately thereafter.
4. Home EKG services with documentation of medical necessity.	4. Home EKG services without documentation of medical necessity.

Nationally Covered Indications	Nationally Non-Covered Indications
5. Ambulatory cardiac monitoring performed with a marketed, FDA-approved device is eligible for coverage if it can be categorized according to the electrocardiographic services framework of Chapter 1, Section 20.15 of the NCD Manual. Unless there is a specific NCD for that device or service, determination as to whether a device or service that fits into the framework is reasonable and necessary is according to local contractor discretion.	5. Any marketed Food and Drug Administration (FDA)-approved ambulatory cardiac monitoring device or service that cannot be categorized according to the electrocardiographic services framework discussed in Chapter 1, Section 20.15 of the NCD manual.
6. Trans-telephonic EKG transmissions used for the specific indications, when performed with specific equipment and subject to the specific limitations and conditions detailed in Chapter 1, Section 20.15 of the NCD manual.	6. Twenty-four-hour attended coverage used as early post-hospital monitoring of patients discharged after myocardial infarction unless provided according to specific criteria as mentioned in Chapter 1, Section 20.15 of the NCD manual.

Additional Information

The official instruction (CR3590) issued to your carrier/intermediary regarding this change can be found at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R26NCD.pdf on the CMS website.

The revised §20.15, Pub. 100-03, *National Coverage Determinations Manual,* is attached to CR3590.

If you have questions regarding this issue, you may also contact your carrier or FI at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.