

# Local Coverage Determination (LCD): Electrocardiograms (L34315)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## LCD Information

## Document Information

LCD ID

Original Effective Date

L34315

For services performed on or after 10/01/2015

**LCD Title**

Electrocardiograms

**Revision Effective Date**

For services performed on or after 10/01/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

DL34315

**Retirement Date**

N/A

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**Notice Period Start Date**

02/07/2018

**Notice Period End Date**

03/25/2018

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for

items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations, §411.15, exclude routine physical examinations.

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Medicare's Carrier's Manual (MCM), §15047(D), explains coverage for preoperative diagnostic tests performed to determine a patient's perioperative risks and optimize perioperative care. (The reference will be crosswalked to the CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, §30.6.6.1 as soon as it become available.)

Medicare Carriers Manual, §15047(G), explains how to report preoperative tests. (The reference will be crosswalked to the CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, §30.6.6.1 as soon as it becomes available.)

CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, §20.3(E), describes bundling of payment for ECG services supplied concomitantly with other physician services.

CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 13, §100.1, states that in general only one payment is made for one interpretation of an EKG.

CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 23, §20.9.1. Correct Coding Initiative (CCI) describes correct usage of the 59 modifier for repeat procedural services performed on the same day.

CMS Manual System, Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, §20.15, Electrocardiogram Service, "No payment is made for EKG interpretations by individuals other than physicians' and "A separate charge by an attending or consulting physician for EKG interpretation is allowed only when it is the normal practice to make such charge".

CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§190 and 200, allow for services supplied by physician assistants and nurse practitioners.

CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §250, states that payment may be made under Part B for the medical and other health services enumerated in paragraph C, but only where no payment can be made for such services under Part A.

## **Coverage Guidance**

### **Coverage Indications, Limitations, and/or Medical Necessity**

The electrocardiogram (ECG, EKG) and ECG rhythm strip records the electrical activity of the heart throughout the cardiac cycle of contraction (depolarization) and relaxation (repolarization). The changes in electrical potential during the cardiac cycle are detected at the body surface and recorded on graph paper. The recording is reviewed by a physician who provides an interpretation and written report. An ECG may be reported as the technical aspect only, the interpretation and written report only, or both aspects together as one service.

The electrical activity of the heart can be viewed along various electrical axes (viewpoints). Each viewpoint is described as a "lead". A typical ECG views the heart from 12 axes and, therefore, has 12 leads. A rhythm strip

typically includes one to three leads. Typically, a 12-lead ECG is a separate document from the medical progress notes, while a printed rhythm strip may be pasted into the progress notes.

An ECG is indicated to diagnose or treat a patient for symptoms, signs, or a history of heart disease; or systemic conditions that affect the heart, including:

- Chest pain or angina pectoris,
- Myocardial ischemia or infarction,
- Arteriovascular disease including coronary, central, and peripheral disease,
- Hypertension,
- Conduction abnormalities,
- Cardiac rhythm disturbances,
- Cardiac hypertrophy,
- Heart failure,
- Pericarditis,
- Structural cardiac conditions,
- Endocrine abnormalities,
- Neurological disorders affecting the heart,
- Syncope,
- Paroxysmal weakness,
- Palpitations,
- Sudden lightheadedness,
- Electrolyte imbalance,
- Acid-base disorders,
- Temperature disorders,
- Pulmonary disorders, and
- Drug cardiotoxicity.

An ECG may help identify cardiac disorders as part of a preoperative clinical evaluation. A preoperative ECG may be reasonable and necessary under one of the following conditions:

- In the presence of pre-existing heart disease such as congestive heart failure, prior myocardial infarction (MI), angina, coronary artery disease, or dysrhythmias;
- In the presence of known comorbid conditions that may affect the heart, such as chronic pulmonary disease, peripheral vascular disease, diabetes, or renal impairment; or
- When the pending surgery requires a general or regional anesthetic.

## **Summary of Evidence**

NA

## **Analysis of Evidence (Rationale for Determination)**

# General Information

## Associated Information

No comments were received for this draft LCD for comment period ending 08/14/2017.

## Sources of Information

1. Other contractor's local medical review policies
2. Contractor Medical Director
3. New England and Los Angeles LMRPs

## Bibliography

NA

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R11	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)</li> </ul>
10/01/2019	R10	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>10/1/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To Code Removal</li> </ul>
10/01/2019	R9	<p>Effective 10/01/2019, the following codes were added, deleted</p>	<ul style="list-style-type: none"> <li>• Creation of</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>and revised per the 2019/2020 annual ICD-10 updates.</p> <p>Added to Group 1:</p> <ul style="list-style-type: none"> <li>• I26.93 - Single subsegmental pulmonary embolism without acute cor pulmonale</li> <li>• I26.94 - Multiple subsegmental pulmonary emboli without acute cor pulmonale</li> <li>• I48.11 - Longstanding persistent atrial fibrillation</li> <li>• I48.19 - Other persistent atrial fibrillation</li> <li>• I48.20 - Chronic atrial fibrillation, unspecified</li> <li>• I48.21 - Permanent atrial fibrillation</li> <li>• T6701XA - Heatstroke and sunstroke, initial encounter</li> <li>• T6701XD - Heatstroke and sunstroke, subsequent encounter</li> <li>• T6701XS - Heatstroke and sunstroke, sequela</li> <li>• T6702XA - Exertional heatstroke, initial encounter</li> <li>• T6702XD - Exertional heatstroke, subsequent encounter</li> <li>• T6702XS - Exertional heatstroke, sequela</li> <li>• T6709XA - Other heatstroke and sunstroke, initial encounter</li> <li>• T6709XD -Other heatstroke and sunstroke, subsequent encounter</li> <li>• T6709XS - Other heatstroke and sunstroke, sequela</li> </ul> <p>Deleted from Group 1:</p> <ul style="list-style-type: none"> <li>• I48.1 - Persistent atrial fibrillation</li> <li>• I48.2 - Chronic atrial fibrillation</li> <li>• T67.0XXA - Heatstroke and sunstroke, initial encounter</li> <li>• T67.0XXD - Heatstroke and sunstroke, subsequent encounter</li> <li>• T67.0XXS - Heatstroke and sunstroke, sequela</li> </ul> <p>Description Changes from Group1</p> <ul style="list-style-type: none"> <li>• Revised from J44.0 – Chronic obstructive pulmonary disease with acute lower respiratory infection to J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection</li> </ul> <p>09/16/2019 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields</p>	<p>Uniform LCDs Within a MAC Jurisdiction</p> <ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		included on the LCD are applicable as noted in this policy.	
10/01/2018	R8	<p>09/06/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following ICD-110 codes were added, deleted and revised per the Annual ICD-10 Updates.</p> <p><b>Added:</b> E78.41, E78.49, I63.81, I63.89, I67.850, I67.858, K82.A2, K83.01, T43.641A, T43.641D, T43.641S, T43.642A, T43.642D, T43.642S, T43.643A, T43.643D, T43.643S, T43.644A, T43.644D and T43.644S.</p> <p><b>Deleted:</b> E78.4 and I63.8.</p> <p><b>Revised:</b> I63.333 and T81.11XA, T81.11XD and T81.11XS.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
03/26/2018	R7	<p>05/08/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD revised to add ICD-10-CM Z51.81 and Z79.899 effective 03/26/2018. There is no change in the LCD coverage.</p>	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
03/26/2018	R6	<p>01/17/18-At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD revised to update the language referenced from the IOM 100-4 Chapter 13 Section 100.1 from carriers to A/B MACs (B) and add the following ICD-10 codes new for 2018 because they are within the coverage indications of this LCD: E85.81-E85.82, E85.89, I21.9, I21.A1, I21.A9, I27.20-I27.24, I27.29, I27.83,</p>	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		150.810-150.814, I50.82-I50.84, I50.89 and R06.03,	
10/01/2017	R5	<p>08/24/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS 10/01/<b>2017</b> the following ICD-10-CM codes were added, deleted and had a description change:</p> <p>Added:</p> <ul style="list-style-type: none"> <li>• E85.81</li> <li>• E85.82</li> <li>• E85.89</li> <li>• I21.9</li> <li>• I21.A1</li> <li>• I21.A9</li> <li>• I27.20</li> <li>• I27.21</li> <li>• I27.22</li> <li>• I27.23</li> <li>• I27.24</li> <li>• I27.29</li> <li>• I27.83</li> <li>• I50.810</li> <li>• I50.811</li> <li>• I50.812</li> <li>• I50.813</li> <li>• I50.814</li> <li>• I50.82</li> <li>• I50.83</li> <li>• I50.84</li> <li>• I50.89</li> <li>• R06.03</li> </ul> <p>The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field:  E85.8 was deleted from Group 1  I27.2 was deleted from Group 1</p>	<ul style="list-style-type: none"> <li>• Aberrant Local Utilization</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>The following ICD-10 code descriptions were changed in the ICD-10 Codes that Support Medical Necessity field:</p> <p>I50.1 descriptor was changed in Group 1  I63.323 descriptor was changed in Group 1  I63.333 descriptor was changed in Group 1  I63.513 descriptor was changed in Group 1  I63.523 descriptor was changed in Group 1  I63.533 descriptor was changed in Group 1</p>	
10/01/2016	R4	<p>The LCD is revised to add ICD-10 codes effective 10/1/2016:  E78.00, E78.01, H34.8110, H34.8111, H34.8120, H34.8121, H34.8130, H34.8131, H34.8310, H34.8311, H34.8320, H34.8321, H34.8330, H34.8331, I63.033, I63.113, I63.133, I63.213, I63.233, I63.313, I63.323, I63.333, I63.413, I63.423, I63.433, I63.443, I63.513, I63.523, I63.533, I63.543, I97.621, I97.622, I97.630, I97.631, I97.638, I97.640, I97.641, J98.51, J98.59, Q25.21, Q25.29, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49.</p> <p>ICD-10 codes deleted from Group 1 effective 10/1/2016:  E78.0, H34.811, H34.812, H34.813, H34.831, H34.832, H34.833, J98.5, Q25.2, Q25.4.</p> <p>ICD-10 code descriptions were changed in Group 1:  I77.79, O15.02, O15.03, O15.1, O15.2, T82.817A, T82.817D, T82.817S, T82.827A, T82.827D, T82.827S, T82.837A, T82.837D, T82.837S, T82.847A, T82.847D, T82.847S, T82.857A, T82.857D, T82.857S, T82.867A, T82.867D, T82.867S.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R3	<p>R3 LCD updated to add ICD-10-CM codes A17.89 A39.50 B33.20 B33.24 B39.0 B39.1 B39.2 B39.3 B39.4 B39.5 M10.9 E05.91 E85.9 E85.2 D57.819 F11.129 I01.9 I09.1 I05.9 I06.9 I08.9 I24.9 I20.9 I25.119 I25.701 I25.708 I25.709 I25.719 I25.729 I25.739 I25.759 I25.769 I25.799 I30.9 I33.9 I40.9 I44.30 I44.7 I45.9 I47.9 I49.40 I63.511 I63.512 I63.521 I63.522 I63.531 I63.532 I63.541 I63.542 I63.59 I63.9 J44.9 J45.902 K20.9 O03.81 O03.7 O14.92 O14.93 O14.10 O14.20 O88.019 O88.119 O88.319 Q21.9 Q24.9 R00.0 R56.9 R57.9 R10.9 R10.10 R68.84 G47.31 G47.32 G47.33 G47.34 G47.11 G47.12 G47.21 G47.22 G47.23 G47.24 S25.429A S25.429D S25.429S S26.00XA</p>	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		S26.00XD S26.00XS S26.10XA S26.10XD S26.10XS S26.90XA S26.90XD S26.90XS S26.99XA S26.99XD S26.99XS S21.301A S21.301D S21.301S S21.302A S21.302D S21.302S S21.309A S21.309D S21.309S S21.319A S21.319D S21.319S S21.329A S21.329D S21.329S S21.339A S21.339D S21.339S S21.349A S21.349D S21.349S T46.901A T46.901D T46.901S T46.902A T46.902D T46.902S T46.903A T46.903D T46.903S T46.904A T46.904D T46.904S T78.2XXA T78.2XXD T78.2XXS T78.00XA T78.00XD T78.00XS Z95.820 Z95.828 Z01.812 effective 10/1/15	
10/01/2015	R2	R2 LCD revised to add I49.9 and R00.1	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
10/01/2015	R1	The LCD revised to add ICD-10 code I48.91, I48.92 and R07.9 to group 1. The effective date remains 10/1/2015.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A57326 - Billing and Coding: Electrocardiograms

LCD(s)

DL34315

- (MCD Archive Site)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 01/27/2020 with effective dates 10/01/2019 - N/A

Updated on 10/03/2019 with effective dates 10/01/2019 - N/A

Updated on 09/06/2018 with effective dates 10/01/2018 - 09/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

- Electrocardiograms
- ECG

- EKG