



All About EKG Billing

Can I get reimbursed if I bill for ECG interpretations in the emergency department?

Reimbursement is dependent on the payer's policy, any preexisting contractual agreements between the provider and payer, and the level of documentation provided by the physician. CPT coding principles clearly state that ECG interpretation is a separate and identifiable service.

Medicare will reimburse for ECG interpretative services, but only for a single physician interpretation for each medically necessary ECG. If a carrier receives more than one claim for a single eligible ECG, it is supposed to pay for the interpretation and report that directly contributes to the diagnosis and treatment of the patient. Such reimbursement should be for the interpretation on which the treatment was based or "contemporaneous" to the care given. Typically, Medicare pays the first bill it receives for a patient.

Medicare distinguishes between simply reviewing an ECG and providing an "interpretation and report."

How do I document my ECG interpretation? Do I need a separate page for my interpretation?

Medicare does not require that the ECG interpretation be recorded on a separate piece of paper; rather a complete written interpretation can be recorded within the emergency department treatment record. However some Medicare carriers have independently established more restrictive criteria.

An interpretation and report is different than a review. CPT does not clearly state a documentation standard. CPT does state that there must be a "separate, signed, written and retrievable report." Some ED Groups do this by creating an area within the chart for ECG interpretation.

Medicare states that the report must be a complete written report similar to that usually prepared by a specialist in the field and should be consistent with the service furnished.

Medicare policy also states an "interpretation and report" should address the findings, relevant clinical issues, and comparative data when available. "ECG normal" is deemed an insufficient interpretation and report. Individual carriers may develop their own standards. You should review the local coverage determinations for your carrier on a regular basis.

Reimbursements? We can help.

Obtaining reimbursements for EKG reviews can be tedious because of the large number of claims and small payments per claim.

First Coast Billing Group interfaces directly with hospital databases, allowing us to submit claims in bulk on behalf of cardiologists.

Learn how more than 300 providers in Florida trust FCBG for their EKG billing.

Contact us today:
<https://firstcoastbillinggroup.com/ekgbilling>