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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
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<td>J - E</td>
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## LCD Information

## Document Information

**LCD ID**

**Original Effective Date**

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<tr>
<th>LCD Title</th>
<th>Electrocardiograms</th>
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<tr>
<td>Proposed LCD in Comment Period</td>
<td>N/A</td>
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<td>Source Proposed LCD</td>
<td>DL34315</td>
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| Proposed LCD in Comment Period | N/A                               |
| Source Proposed LCD            | DL34315                           |

**Revision Effective Date**
For services performed on or after 10/01/2019

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Revision Ending Date**
N/A

**Notice Period Start Date**
02/07/2018

**Notice Period End Date**
03/25/2018

**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.

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

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
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<tr>
<td>10/01/2019</td>
<td>R11</td>
<td>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
<td>• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)</td>
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<td></td>
<td>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.</td>
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<tr>
<td>10/01/2019</td>
<td>R10</td>
<td>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</td>
<td>• Revisions Due To Code Removal</td>
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<td>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.</td>
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<td>10/01/2019</td>
<td>R9</td>
<td>Effective 10/01/2019, the following codes were added, deleted</td>
<td>• Creation of</td>
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and revised per the 2019/2020 annual ICD-10 updates.

Added to Group 1:

- I26.93 - Single subsegmental pulmonary embolism without acute cor pulmonale
- I26.94 - Multiple subsegmental pulmonary emboli without acute cor pulmonale
- I48.11 - Longstanding persistent atrial fibrillation
- I48.19 - Other persistent atrial fibrillation
- I48.20 - Chronic atrial fibrillation, unspecified
- I48.21 - Permanent atrial fibrillation
- T6701XA - Heatstroke and sunstroke, initial encounter
- T6701XD - Heatstroke and sunstroke, subsequent encounter
- T6701XS - Heatstroke and sunstroke, sequela
- T6702XA - Exertional heatstroke, initial encounter
- T6702XD - Exertional heatstroke, subsequent encounter
- T6702XS - Exertional heatstroke, sequela
- T6709XA - Other heatstroke and sunstroke, initial encounter
- T6709XD - Other heatstroke and sunstroke, subsequent encounter
- T6709XS - Other heatstroke and sunstroke, sequela

Deleted from Group 1:

- I48.1 - Persistent atrial fibrillation
- I48.2 - Chronic atrial fibrillation
- T67.0XXA - Heatstroke and sunstroke, initial encounter
- T67.0XXD - Heatstroke and sunstroke, subsequent encounter
- T67.0XXS - Heatstroke and sunstroke, sequela

Description Changes from Group 1

- 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

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
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<td>10/01/2018</td>
<td>R8</td>
<td>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.</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td>The following ICD-110 codes were added, deleted and revised per the Annual ICD-10 Updates.</td>
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<td><strong>Added:</strong> 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.</td>
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<td><strong>Deleted:</strong> E78.4 and I63.8.</td>
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<td><strong>Revised:</strong> I63.333 and T81.11XA, T81.11XD and T81.11XS.</td>
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<td>03/26/2018</td>
<td>R7</td>
<td>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.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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<td>LCD revised to add ICD-10-CM Z51.81 and Z79.899 effective 03/26/2018. There is no change in the LCD coverage.</td>
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<td>03/26/2018</td>
<td>R6</td>
<td>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.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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<td>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,</td>
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| 10/01/2017            | R5                      | 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. Effective DOS 10/01/2017 the following ICD-10-CM codes were added, deleted and had a description change: Added: 
  - E85.81
  - E85.82
  - E85.89
  - I21.9
  - I21.A1
  - I21.A9
  - I27.20
  - I27.21
  - I27.22
  - I27.23
  - I27.24
  - I27.29
  - I27.83
  - I50.810
  - I50.811
  - I50.812
  - I50.813
  - I50.814
  - I50.82
  - I50.83
  - I50.84
  - I50.89
  - R06.03 |
<p>|                       |                         |                              | Aberrant Local Utilization |</p>
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<td>10/01/2016</td>
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<td>The following ICD-10 code descriptions were changed in the ICD-10 Codes that Support Medical Necessity field: 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</td>
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<td>10/01/2015</td>
<td>R3</td>
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<td>• Reconsideration Request • Revisions Due To ICD-10-CM Code Changes</td>
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<td>R2</td>
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<td>10/01/2015</td>
<td>R1</td>
<td>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.</td>
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### 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