

## Payment Policy | EKG Services during Preventive Visit



**EFFECTIVE DATE:** 11 | 21 | 2017

**POLICY LAST UPDATED:** 11 | 19 | 2019

### OVERVIEW

The electrocardiogram (ECG or EKG) is a noninvasive test that is used to reflect underlying heart conditions by measuring the electrical activity of the heart. By positioning leads (electrical sensing devices) on the body in standardized locations, information about many heart conditions can be learned by looking for characteristic patterns on the EKG.

### MEDICAL CRITERIA

Not applicable.

### PRIOR AUTHORIZATION

Not applicable.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial Products

EKG services are covered diagnostic tests when there are documented signs and symptoms or other clinical indications for providing the service.

EKG services should not routinely be performed as part of a preventive exam unless the member has signs and symptoms of coronary heart disease, family history or other clinical indications at the visit that would justify the test.

Note: Blue Cross and Blue Shield of Rhode Island (BCBSRI) reserves the right to audit claims and to recoup any money paid to providers for claims ineligible for payment.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable diagnostic test benefits/coverage.

### BACKGROUND

Recent guidelines from the U.S. Preventive Services Task Force (USPSTF) (2011), the American Academy of Family Physicians (AAFP) (2011), the American College of Cardiology (ACC) Foundation (2010), and the American Heart Association (AHA) (2010) advise against electrography in asymptomatic, low-risk individuals.

- There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low-risk for coronary heart disease improves health outcomes.
- False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment, and misdiagnosis.
- Potential harms of this routine annual screening exceed the potential benefits.

The AHA compiled data, including information from the Framingham Heart Study, to determine appropriate use of cardiac screening tests by looking at prognostic considerations. Those risk factors include gender and age (males over the age of 45 years) with one or more risk factors. The greater the number of risk factors a patient has, the more likely it is that the patient will benefit from screening. If a patient's risk is less than 10 percent (calculated using a risk assessment tool), screening is not recommended.

The USPSTF reviewed new evidence regarding the reduction of risk for coronary heart disease (CHD) events in asymptomatic adults by screening with electrocardiography (EKG) compared with not screening and issued the following recommendations: The USPSTF recommends against screening with resting or exercise ECG for the prediction of CHD events in asymptomatic adults at low risk for CHD events (D recommendation). (1) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening with resting or exercise ECG for the prediction of CHD events in asymptomatic adults at intermediate or high risk for CHD events.

#### **CODING**

**The following code, when filed with a preventive E & M code, is separately reimbursed only when filed with a diagnosis that supports the clinical indication for the test.**

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

#### **RELATED POLICIES**

None

#### **PUBLISHED**

Provider Update, January 2020

Provider Update, December 2017

#### **REFERENCES:**

1. Moyer VA, U.S. Preventive Services Task Force. Screening for coronary heart disease with electrocardiography: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2012;157:512-518. Available at [http://annals.org/article.aspx?articleid=1363528\(annals.org\)](http://annals.org/article.aspx?articleid=1363528(annals.org)). Accessed November 21, 2012.
2. 2012 AAFP recommendations for preventive services guideline; [http://www.aafp.org/online/etc/medialib/aafp\\_org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/October2012SCPS.pdf](http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/October2012SCPS.pdf)
3. Greenland P, Alpert JS, Beller GA, et al. 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults: executive summary. *J Am Coll Cardiol.* 2010;56:2182-2199.
4. Hendel RC, Berman DS, Di Carli MF, Heidenreich PA, Henkin RE, Pellikka PA, Pohost GM, Williams KA. ACCF/ASNC/ACR/AHA/ASE/SCCT/SCMR/SNM 2009 appropriate use criteria for cardiac radionuclide imaging: a report of the American College of Cardiology Foundation Appropriate Use Criteria Task Force, the American Society of Nuclear Cardiology, the American College of Radiology, the American Heart Association, the American Society of Echocardiography, the Society of Cardiovascular Computed Tomography, the Society for Cardiovascular Magnetic Resonance, and the Society of Nuclear Medicine. *J Am Coll Cardiol* 2009;53:2201–29.

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