Medical Coverage Policies

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Electrocardiographic Body Surface Mapping

Liectrocardiogra	aprilic Body Su	mace mapping	
EFFECTIVE DATE	10/20/2009	LAST UPDATED	11/16/2010
Description:			
more) electrocardiogra of multiple leads may re One potential use is in	phy (ECG) leads to desult in improved dia the evaluation of sus fullmonary embolis	g (BSM) is a technique that us detect cardiac electrical activiting gnostic accuracy compared to spected acute myocardial infarm and location of the accessory	y. It is suggested that the use of the standard 12-lead ECG. rction. Other potential uses
At this time the data is lead to improved clinical		nine whether electrocardiogra	phic body surface mapping will
Medical Criteria:			
Not applicable.			
Policy:			
Electrocardiographic be insufficient peer review		j is considered not medically s use.	necessary as there is
Coverage:			
		ts. Please refer to the appropr RIte Care Contract for applica	
Coding:			
The following codes are	e not medically ned	essary:	
0178T 0179T 0180T			
Also Known As:			
Not applicable			
Related Topics:			
Not applicable			
Published:			
Provider Update, Dec 2 Provider Update, Mar 2			

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employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

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