Hillrom™

2019 Resting ECG Reimbursement Information

CPT® CODING RESOURCE

Resting ECG & Medicare Physician Fee Schedule

Code	Description	2019 National Averages[1]	
		Facility[2]	Non-Facility[3]
93000	Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report	$17.28	$17.28
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	$8.64	$8.64
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$8.64	$8.64

Rates are subject to change. Effective 1/1/2019.
For reference only. Information does not constitute a guarantee of coverage or payment.

MEDICAID

ECG monitoring procedures may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment for the use of Welch Allyn ECG products.

MEDICARE

ECG monitoring may be used to detect cardiovascular disease or to monitor an established cardiovascular disorder.

- Specific indications for coverage may vary by Medicare Contractor.

Cardiovascular stress testing is generally covered by Medicare for symptomatic patients with known or suspected ischemic heart disease.

- Specific indications for coverage may vary by Medicare Contractor. Providers should refer to their Medicare Contractor's Local Coverage Determinations for specific coverage and billing guidelines.
- All Medicare claims for cardiovascular stress testing should include primary and secondary ICD-10-CM diagnosis codes to support medical necessity for the procedure. The primary diagnosis code indicates the patient's presenting symptoms or acute myocardial infarction. The secondary diagnosis code indicates the patient's risk factors or disease process.

PRIVATE PAYERS

ECG monitoring procedures may be covered by private payers when medically necessary. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Welch Allyn ECG products.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of ECG monitoring.
- When appropriate, a modifier may be reported and support documentation should be provided with the claim.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.

For additional questions, contact Hillrom Customer Care at 1.800.535.6663.

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hillrom.com/welchallyn/reimbursement

[1] National Average from the 2019 Centers for Medicare and Medicaid Services Physician Fee Schedule.
[2] Facility—Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).
[3] Non-Facility—Includes all other settings.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Hillrom concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2019, http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched. Please note: Medicare fee schedule corrections and changes occur periodically.

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