

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-013  
**Subject:** Electrocardiogram and Medical Imaging Interpretation  
**Effective Date:** July 3, 2017      **End Date:**  
**Issue Date:** April 29, 2024      **Revised Date:** April 2024  
**Date Reviewed:** April 2024  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

### Electrocardiogram (ECG/EKG) Interpretation

Reimbursement will not be made for an attending physician's interpretation of an electrocardiogram (ECG) subsequent to an interpretation by another physician who has been paid to read the ECG when the condition being treated is of a non-emergency nature. The reinterpretation of an ECG is considered a comprehensive part of the attending physician's medical care.

However, if the patient's condition warrants an immediate interpretation of an ECG (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital staff physician also performs an ECG interpretation.

### Medical Imaging Interpretation

Reimbursement will be made for only one interpretation of any given x-ray, computed tomography (CT), magnetic resonance imaging (MRI), or Ultrasound with consideration of a second interpretation (which may be identified using modifier 77) be made only if unusual circumstances are documented by the provider. When reporting the professional component of a medical imaging study, the provider must provide a complete interpretation of the medical imaging study which includes a detailed written report of the results for the patient's records.

A re-interpretation by another physician is considered a comprehensive part of that physician's medical care. It is not eligible as a separate and distinct service under these circumstances.

However, if the patient's condition warrants an immediate interpretation of an imaging study (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital staff physician also performs an imaging study interpretation.

### **MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

The Plan reimburses the services outlined in this policy in accordance with CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

### **DEFINITIONS:**

<b>Modifier</b>	<b>Definition</b>
CT	Computed Tomography
ECG / EKG	Electrocardiogram
ET	Emergency Services
MRI	Magnetic resonance imaging
77	Repeat procedure or service by another physician or other qualified health care professional.

### **RELATED POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

### **REFERENCES:**

- CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

### **POLICY UPDATE HISTORY INFORMATION:**

7 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
4 / 2023	Policy reviewed no changes made
4 / 2024	Administrative review, no changes in policy direction

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-013  
**Subject:** Electrocardiogram and Medical Imaging Interpretation  
**Effective Date:** July 3, 2017      **End Date:**  
**Issue Date:** April 24, 2023      **Revised Date:** April 2023  
**Date Reviewed:** April 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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## COMMERCIAL REIMBURSEMENT GUIDELINES:

### Electrocardiogram (ECG/EKG) Interpretation

Payment will not be made for an attending physician's interpretation of an ECG subsequent to an interpretation by another physician who has been paid to read the ECG when the condition being treated is of a non-emergency nature. The re-interpretation of an ECG is considered a comprehensive part of the attending physician's medical care.

However, if the patient's condition warrants an immediate interpretation of an ECG (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital staff physician also performs an ECG interpretation.

### Medical Imaging Interpretation

Payment will be made for only one interpretation of any given x-ray, CT, MRI, or Ultrasound with consideration of a second interpretation (which may be identified through the use of modifier 77) be made only if unusual circumstances are documented by the provider. When reporting the professional component of a medical imaging study, the provider must provide a complete interpretation of the medical imaging study which includes a detailed written report of the results for the patient's records.

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However, if the patient's condition warrants an immediate interpretation of an imaging study (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital

staff physician also performs an imaging study interpretation.

### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan reimburses the services outlined in this policy in accordance with CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

### DEFINITIONS:

Modifier	Definition
ET	Emergency Services
77	Repeat procedure or service by another physician or other qualified health care professional.

### REFERENCES:

- CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

### POLICY UPDATE HISTORY INFORMATION:

7 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
4 / 2023	Policy reviewed no changes made

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-013  
**Subject:** Electrocardiogram and Medical Imaging Interpretation  
**Effective Date:** July 3, 2017      **End Date:**  
**Issue Date:** January 3, 2022      **Revised Date:** January 2022  
**Date Reviewed:** October 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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## COMMERCIAL REIMBURSEMENT GUIDELINES:

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However, if the patient's condition warrants an immediate interpretation of an imaging study (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital

staff physician also performs an imaging study interpretation.

**MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

The Plan reimburses the services outlined in this policy in accordance with CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

**REFERENCES:**

- CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

**POLICY UPDATE HISTORY INFORMATION:**

7 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

**Finalist**

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP- 013  
**Subject:** Electrocardiogram and Medical Imaging Interpretation  
**Effective Date:** July 3, 2017 **End Date:**  
**Issue Date:** November 1, 2021 **Revised Date:** July 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

### Electrocardiogram (ECG/EKG) Interpretation

Payment will not be made for an attending physician's interpretation of an ECG subsequent to an interpretation by another physician who has been paid to read the ECG when the condition being treated is of a non-emergency nature. The reinterpretation of an ECG is considered a comprehensive part of the attending physician's medical care.

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**MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

The Plan reimburses the services outlined in this policy in accordance with CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

**REFERENCES:**

- CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

**POLICY UPDATE HISTORY INFORMATION:**

7 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORICAL



# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-013  
**Subject:** Electrocardiogram and Medical Imaging Interpretation  
**Effective Date:** July 3, 2017      **End Date:**  
**Issue Date:** December 1, 2017  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

## REIMBURSEMENT GUIDELINES:

### Electrocardiogram (ECG/EKG) Interpretation

Payment will not be made for an attending physician's interpretation of an ECG subsequent to an interpretation by another physician who has been paid to read the ECG when the condition being treated is of a non-emergency nature. The reinterpretation of an ECG is considered a comprehensive part of the attending physician's medical care.

However, if the patient's condition warrants an immediate interpretation of an ECG (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital staff physician also performs an ECG interpretation.

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However, if the patient's condition warrants an immediate interpretation of an imaging study (emergency treatment -ET modifier), payment can be made to the attending or admitting physician even when a hospital staff physician also performs an imaging study interpretation.

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

Medicare Advantage Provision

The Plan reimburses the services outlined in this policy in accordance with CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- CMS Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1.

HISTORY

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*