



CLINICAL MEDICAL POLICY	
<b>Policy Name:</b>	Electrocardiographic Services (NCD 20.15)
<b>Policy Number:</b>	MP-053-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	05/01/2026; 03/01/2025; 05/01/2024; 03/01/2023; 04/01/2022; 03/19/2021; 03/16/2020; 05/06/2019; 06/01/2018
<b>Retirement Effective Date:</b>	07/01/2026
<b>Revision Date:</b>	02/18/2026; 02/19/2025; 02/21/2024; 02/15/2023; 02/16/2022; 02/17/2021; 02/19/2020; 02/20/2019
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating practitioners and facilities unless contractually precluded
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**Policy History**

Date	Activity
07/01/2026	Retirement Effective date
02/18/2026	QI/UM Committee review
02/18/2026	Policy to be Retired. InterQual® criteria exists for electrocardiographic services.
04/01/2025	Provider Effective date
02/19/2025	QI/UM Committee review
02/19/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
06/01/2024	Provider Effective date
02/21/2024	QI/UM Committee review
02/21/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' sections. Removed retired CMS LCD L34953 'Cardiac Event Detection Monitoring'; LCD retired as of 06/11/2023.
04/01/2023	Provider Effective date
02/15/2023	QI/UM Committee review
02/15/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' sections.
05/01/2022	Provider Effective date
02/16/2022	QI/UM Committee review
02/16/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and Reference Source section.

04/19/2021	Provider Effective Date
10/31/2017	Initial policy developed

## **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

## **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicare Assured products for medically necessary electrocardiographic services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for electrocardiographic studies is outpatient.

### Operational Guidelines **\*Do not include on external version\***

- This medical policy will be applied on a post-service, prepayment basis for both professional and facility claims.
- Services that do not meet the guidelines listed in this policy should deny as not medically necessary.
- Any approval requests for electrocardiographic studies that do not meet the guidelines listed in this policy will require a review by a Medical Director on a case-by-case basis.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD, LCD and/or the LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- [NCD: Electrocardiographic Services \(20.15\)](#)
- There are no current LCDs specifically related to this topic:
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Article Link:

- Transmittal: [CMS Manual System Medicare National Coverage Determinations Transmittal 26](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Electrocardiographic Services (20.15). Effective date August 26, 2004. Implementation date December 10, 2004. Accessed on January 21, 2025.

Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual - Pub. 100-03, Transmittal 26. Effective date December 10, 2004. Accessed on January 21, 2025.

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.