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5076 Winters Chapel Road Atlanta, GA 30360 | 770-709-3598

THE CODING EDUCATOR

STEVEN ALLEN ADAMS, MCS, CPC, COC, CPC-I, CPMA, FCS, PCS, COA



MIPS, MACRA, RAF, HCC, CPC, CPT, ICD-10, EM Auditing, CPC Boot Camps, Compliance and Certification



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Understanding the ECG

As many of you know, I review thousands of medical records per month for my clients. One issue that I continue to have to talk to docs about is how to properly document the need for and results of an ECG. These two articles address both of those issues.

Documenting an ECG Correctly

Medicare does not require that the ECG interpretation be recorded on a separate piece of paper; rather a complete written interpretation can be recorded within the treatment record.

An interpretation and report is different than a review. CPT does not clearly state a documentation standard. CPT does state that there must be a “separate, signed, written and retrievable report”. Some groups do this by creating an area within the EMR for ECG interpretation.

Medicare policy also states an "interpretation and report" should address the findings, relevant clinical issues, and comparative data when available. "ECG normal" is deemed an insufficient interpretation and report.

Since Medicare states that the report must be a complete written report similar to that usually prepared by a specialist in the field and should be consistent with the service furnished we recommend what some carriers suggest regarding the proper documentation of an EKG Interpretation – Document 3 of the following 7 elements:

1. Rhythm
2. Rate
3. Axis
4. Intervals
5. ST segment change
6. Comparison to prior EKG
7. Summary of clinical conditions .

Medical Necessity for an ECG

ECG services are covered diagnostic tests when there are documented signs and symptoms or other clinical indications for providing the service. Coverage includes the review and interpretation of ECG's only by a physician. There is no coverage for ECG services when rendered as a screening test or as part of a routine examination unless performed as part of the one-time, “Welcome to Medicare” preventive physical examination under section 611 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

Electrocardiograms are indicated for diagnosis and patient management purposes involving symptoms of the heart, pericardium, thoracic cavity, and systemic diseases which produce cardiac abnormalities.

Problem Areas to Watch

For examples of where ECG claims can fail, consider that Novitas Solutions performed a 100 claim sample of ECG services in a post pay audit and found a 22 percent claim error rate and a 17 percent claims paid error rate. The majority of the errors were in the following areas:

- Missing order from the “ordering provider” and no supporting diagnosis for the ECG

- Missing ECG documentation – no signed review of the actual test, and/or no signed interpretation/report
- Incorrect billing of ECG – billing an ECG without a supporting diagnosis, wrong CPT® code

Example of Documentation that should be supported in your medical record:

A 65-year-old, obese female patient presents to the office with 2-day history of chest pain. No prior cardiac history. Patient was walking her dog at the onset of event.

ECG ordered for chest pain – Findings: Sinus tachycardia, rate 120, non-specific ST-T changes, no acute ischemia noted, no EKG available for comparison.”

Coverage Requirements

An ECG can be considered medically necessary in any of the following circumstances (check your carrier website for a complete list) -Please make sure these are supported within the medical record:

1. Initial diagnostic workup for a patient that presents with complaints of symptoms such as chest pain, palpitations, dyspnea, dizziness, syncope, etc. which may suggest a cardiac origin.
2. Evaluation of a patient on a cardiac medication for a cardiac arrhythmia or other cardiac condition which affects the electrical conduction system of the heart (e.g., inotropics such as digoxin; antiarrhythmics such as Tambacor, Procainamide, or Quinidine; and antianginals such as Cardizem, Isordil, Corgard, Procardia, Inderal and Verapamil). The EKG is necessary to evaluate the effect of the cardiac medication on the patient's cardiac rhythm and/or conduction system.
3. Evaluation of a patient with a pacemaker with or without clinical findings (history or physical examination) that suggest possible pacemaker malfunction.
4. Evaluation of a patient who has a significant cardiac arrhythmia or conduction disorder in which an EKG is necessary as part of the evaluation and management of the patient. These disorders may include, but are not limited to, the following: Complete Heart Block, Second Degree AV Block, Left Bundle Branch Block, Right Bundle Branch Block, Paroxysmal VT, Atrial Fib/Flutter, Ventricular Fib/Flutter, Cardiac Arrest, Frequent PVCs, Frequent PACs, Wandering Atrial Pacemaker, and any other unspecified cardiac arrhythmia.
5. Evaluation of a patient with known Coronary Artery Disease (CAD) and/or heart muscle disease that presents with symptoms such as increasing shortness of breath (SOB), palpitations, angina, etc.
6. Evaluation of a patient's response to a newly established therapy for angina, palpitations, arrhythmias, SOB or other cardiopulmonary disease process.
7. Evaluation of patients after coronary artery revascularization by Coronary Artery Bypass Grafting (CABGs), Percutaneous Transluminal Coronary Angiography (PTCA), thrombolytic therapy (e.g., TPA, Streptokinase, Urokinase), and/or stent placement.

8. Evaluation of patients presenting with symptoms of a Myocardial Infarction (MI).
9. Evaluation of other symptomatology which may indicate a cardiac origin especially in those patients who have a history of an MI, CABG surgery or PTCA or patients who are being treated medically after a positive stress test or cardiac catheterization.
10. Pre-operative Evaluation of the patient when:
11. undergoing cardiac surgery such as CABGs, automatic implantable cardiac defibrillator, or pacemaker, or
12. the patient has a medical condition associated with a significant risk of serious cardiac arrhythmia and/or myocardial ischemia such as Diabetes, history of MI, angina pectoris, aneurysm of heart wall, chronic ischemic heart disease, pericarditis, valvular disease or cardiomyopathy to name a few.
13. Evaluation of a patient's response to the administration of an agent known to result in cardiac or EKG abnormalities (for patients with suspected, or at increased risk of developing, cardiovascular disease or dysfunction). Examples of these agents are antineoplastic drugs, lithium, tranquilizers, anticonvulsants, and antidepressant agents.
14. When performed as a baseline evaluation prior to the initiation of an agent known to result in cardiac or EKG abnormalities. An example of such an agent is verapamil.

Steve



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**Peace Out,
Steve Adams**



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