

**Billing and Reimbursement Guideline: EKG Interpretation and Report with Surgery**

**Guideline Publication Date: September 1, 2010**

Key coding, documentation and reimbursement points include:

- Unless another supporting diagnosis or procedure can be found to support that an EKG rendered at the surgical session was not related to anesthesia, separate payment will not be allowed for EKG interpretation and report when administered by the same physician when billed with surgical procedures.
- Modifier 59 should be billed to indicate separate payment. Notes may be requested to confirm separate payment is appropriate.
- This guideline applies to CMS-1500 claim submissions.
- This guideline applies to place of service 21, 22 and 24.

*Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.*

*This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.*

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Version History

Original Publish Date: September 1, 2010

Revision Date (s):

9/1/2013

Format change, minor edits

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