

EKG or ECG (Medicare Coverage of electrocardiograms)

1. How many EKGs does Medicare pay for in a year?

- There are two types of electrocardiograms (abbreviated EKG or ECG) – screening and diagnostic. Medicare covers **one screening EKG** in the patient's lifetime in conjunction with the Initial Preventive Physical Exam (IPPE), referred to as the "welcome-to-Medicare" exam, which the patient must have performed within 12 months of enrolling in Medicare for the first time. As of January 2009, the deductible does not apply to the IPPE or EKG. The patient will pay 20% of the Medicare-allowed amount.
- Medicare will also cover **EKGs performed as a diagnostic test**, which means that the patient has symptoms which leads the provider to prescribe an EKG to diagnose the patient's problem. For an EKG performed in a hospital outpatient department, Medicare Part B pays the full Medicare-approved amount, except for a patient co-payment. For an EKG in any other setting, Medicare Part B pays 80 percent of the Medicare-approved amount.
- As of January 2009, the EKG was removed from the list of mandated services that must be included in the IPPE benefit and makes the EKG an educational, counseling, and referral service to be discussed with the patient and, if necessary, ordered by the physician. This change alleviates physician frustration of having to perform a screening ECG when the patient just had a diagnostic EKG/ECG.
- Medicare will cover the screening ECG when the physician deems the screening is appropriate for the individual patient

- Codes to be used for the EKG are:
 - G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
 - G0403 Electrocardiogram, routine ECG with at least 12 leads; performed as a screening test for the initial preventive examination with interpretation and report
 - G0404 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive examination
 - G0405 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only, performed as a screening for the initial preventive examination

NOTE: For information on using the Advance Beneficiary Notice (ABN) for EKGs that the patient requests but Medicare will not consider “medically necessary” go **here**.