



ADMINISTRATIVE POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Electrocardiogram (EKG/ECG) Interpretation and Imaging Interpretation- GA MCD-AD-1091	01/01/2024
Policy Type	

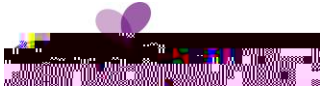
Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. M55(s)77115cal Policy Statement include, but are not limited to, those services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury without which the patient can be expected to suffer prolonged, increased or morbidly, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. M55(s)77115cal necessary services also include those services defined in any Evidence of Coverage documents, M55(s)77115cal Policy Statement Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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B. If a second imaging interpretation is medically necessary, on the same date of service, before the member is discharged, modifier 76 or modifier 77 must be appended to the second imaging interpretation for reimbursement.

III. CareSource expects providers to work with other departments, within their organization, to determine which department will submit the claim to prevent duplicate claim submissions.

E. Conditions of Coverage

CareSource expects provider to use appropriate standard billing guidelines. Modifiers and place of service codes are listed below only as a reference.

Modifier	Description
26	Professional Component
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional