Benefit Criteria to Change for Electrocardiograms (ECG) for Texas Medicaid

Information posted July 8, 2011

Effective for dates of service on or after August 29, 2011, benefit criteria for electrocardiograms (ECG) will change for Texas Medicaid.

ECGs will be limited to six treatments for each client, by any provider, per 12 rolling months.

ECGs will no be longer restricted by diagnosis code.

If a claim is denied for exceeding the six-ECG limitation, providers may file an appeal for the claim with documentation that supports medical necessity. The documentation must include the following:

- Diagnosis.
- Treatment history.
- Documentation of why additional ECGs are needed.

The report of the professional component (the interpretation) for the ECG must be a complete written report that includes relevant findings and appropriate comparisons.

- The interpretation may appear on the actual tracing.
- When the ECG is performed in conjunction with the performance of an evaluation and management (E/M) service, the interpretation may appear with a progress note or other report of the E/M service; however, if the ECG is billed as a separate service from the E/M service, the interpretation should contain the same information as a report made upon the tracing itself. A simple notation of “ECG/EKG normal” without an accompanying tracing will not suffice as documentation of a separately payable interpretation.

Appropriate documentation, which includes a copy of the ECG tracing, must be kept in the client’s medical record. Documentation must support the medical necessity of the ECG. Documentation may appear on the actual tracing or with a progress note or report. Documentation is subject to retrospective review.

Prior Authorization Requirements

Prior authorization is not required for ECGs performed in the emergency room or inpatient hospital setting.

Prior authorization is required for more than six ECGs in a rolling 12-month period. Requests for additional ECGs must be submitted on the Special Medical Prior Authorization (SMPA) Request Form along with documentation of medical necessity. Before submitting a prior authorization request for an ECG, a provider must have a completed SMPA Request Form that has been signed and dated by a physician who is familiar with the client. All signatures and dates must be current, unaltered, original, and handwritten. Computerized or stamped signatures/dates will not be accepted. The completed SMPA Request Form must include the procedure codes and numerical quantities for the services requested. The completed SMPA Request Form with the
original dated signature must be maintained by the prescribing physician in the client’s medical record.

Providers may request a prior authorization up to 12 months in advance. When requesting retroactive authorization, a provider must submit the request no later than 14 calendar days after the ECG is completed.

To complete the prior authorization process by paper, a provider must fax or mail the completed SMPA Request Form to the SMPA department and retain a copy of the signed and dated form in the client’s medical record at the provider’s place of business. Requests may be faxed or mailed to:

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization
12357-B Riata Trace Parkway
Austin, TX 78727
Fax: 1-512 -514-4213

The SMPA Request Form must include all of the following information, which is related to medical necessity:

- Diagnosis.
- Treatment history.
- Treatment plan.

Beginning August 29, 2011, providers can submit prior authorization requests for electrocardiogram services online using the SMPA Request Form through the secure area on the TMHP website at www.tmhp.com.

To make an online request for prior authorization of electrocardiogram services, follow these steps:

1. Click “I would like to” in the upper right-hand side of any Medicaid providers page. The “I would like to" page appears.
2. Click “Submit a prior authorization request.” If you haven't previously logged in to your account, you will be asked to log in. The Prior Authorization page appears.
4. Select “Electrocardiogram” from the Submission Type drop-down menu.
5. Complete all of the remaining fields and questions and follow the directions to complete the electrocardiogram prior authorization request.

To complete the prior authorization process electronically, the provider must complete the prior authorization requirements through any approved electronic method and retain a copy of the signed and dated SMPA Request Form in the client’s medical record at the provider’s place of business. To avoid unnecessary denials, the provider must provide correct and complete information, including documentation of the medical necessity for the services requested. If a determination of medical necessity cannot be made, additional documentation may be requested.
Reimbursement

Only an ECG interpretation that directly contributes to the diagnosis and treatment of a client may be considered for reimbursement.

When a rhythm ECG is billed on the same day by the same provider as a routine ECG, the rhythm ECG will be denied as part of another procedure.