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Billing Guidance for Electrocardiograms (CPT Code 93010)

Please ensure claims for multiple electrocardiogram interpretations (CPT code 93010) meet Centers for Medicare & Medicaid Services (CMS)/Department of Health Care Services (DHCS) documentation standards and include the appropriate modifier. Claims without proper modifiers will be denied. Here are additional guidelines:

- **Modifier usage/claims billing:** Use modifier 76 for repeat procedure by the same physician; use modifier 77 for repeat procedure by another physician and append to the service line.
- **Date of Service:** Use the date the interpretation was performed, not the date the electrocardiogram was recorded. CPT code 93010 can be billed more than once on the same date of service when medically necessary and properly documented. This applies when multiple electrocardiograms are performed and interpreted for distinct clinical reasons or when different physicians provide separate interpretations.
- **Medical necessity:** Each interpretation must be clinically justified (e.g., serial electrocardiograms for chest pain or changes in patient condition).
- **Documentation requirements:** Each interpretation must include date and time of interpretation, clinical indication, detailed findings and impression, and physician signature and credentials.

Here are additional references to support you in your work when billing for electrocardiograms:

- CMS Article: Billing and Coding: Electrocardiograms (A57326):
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57326>
- Medi-Cal Provider Manual – Cardiology Section: <https://mcweb.apps.prdocammiis.medi-cal.ca.gov/file/manual?fn=cardio.pdf>

Please direct questions about to ClaimsInquiries@hpsm.org.

The Health Plan of San Mateo