Routine ECG Screening and the Wellness Visit are Now a Covered Service

What Florida Pediatricians Need to Know

Routine ECG screening paired with the pediatric and adolescent wellness visit is now a payable, separately billable service and it fits into the well-visit workflow your practice already uses. As ECG screening becomes the new standard of care for student athletes in Florida, now is the right moment to make sure your practice is set up to bill it correctly. Sudden cardiac death is the leading cause of exercise-related mortality in young athletes, and most cases involve conditions detectable by a routine 12-lead ECG.

Guideline Support

Bright Futures guidelines support routine ECG as part of the adolescent well visit, and Health plans covering 82% of U.S. lives - across both commercial and managed Medicaid - have adopted these preventive pediatric care guidelines.

How It's Billed

Two established CPT codes pair on a single wellness encounter. No special authorization is needed, no separate ICD-10 code is required beyond the standard preventive visit diagnosis, and the ECG does not displace the well-visit E/M, both are billable on the same date of service.

- CPT 93000 - Routine 12-lead ECG with interpretation & report
- CPT 99383 / 99384 / 99385 - Preventive medicine visit, ages 5–11 / 12–17 / 18–21

Combined allowed range: $245–$308 per screen (CPT 93000: $15–$98 + preventive visit: $139–$211) across commercial and managed Medicaid payers. Recent fee schedules are trending upward. *Important: these figures reflect a sample of national payers and are not tied to any individual plan. Verify with each payer before billing.*

Verifying Coverage: 5 Steps

1. Identify the payer - Confirm the patient's specific plan and line of business.
2. Verify the CPT codes - Pair 93000 with the age-appropriate 99383–99385.
3. Confirm the preventive diagnosis code - Use the payer-accepted preventive ICD-10 from the well visit.
4. Check the payer's coverage policy - Confirm before the visit, not after.
5. Submit the claim - File per the payer's billing requirements and modifiers.

Bottom Line

Routine ECG screening during the wellness visit is legislatively required and timely, and now payable under commercial and managed Medicaid plans. For Florida pediatricians seeing student athletes, this service integrates seamlessly into the existing wellness visit, no new authorization, no added complexity. The coding infrastructure is in place; verifying coverage plan by plan is all that stands between your practice and billing it.

Resources

- Payer coverage policies & guidelines: ecgcoverageguide.org
- Questions: info@ecgcoverageguide.com