FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS · 2026

ECG screening, now reimbursable

Pairing the 12-lead ECG with the preventive visit: a covered, separately billable service for Florida pediatricians.

ecgcoverageguide.org | info@ecgcoverageguide.com

WHY THIS MATTERS NOW

A covered service, finally aligned with the science

Florida's Second Chance Act put cardiac screening at the center of the student-athlete well visit. Today, that screening is **fully reimbursable**, so your practice is paid for delivering this standard of care.

THE OLD BARRIER

Billing the ECG used to mean attaching a separate ICD-10 diagnosis to justify the service.

WHAT CHANGED

Paired with the wellness visit, **93000 and 99383–99385 are reimbursable using the payer-accepted preventive ICD-10 from that same visit**, no extra code to chase.

82%

of U.S. Health Plans covered lives have adopted Preventive Pediatric Health Care from Bright Futures / American Academy of Pediatrics guidelines, as well as established coverage and reimbursement guidelines.

Coverage applies across commercial and managed Medicaid plans

THE ECG CODES

Three codes, not interchangeable

Use the right one for the right scenario. For office-based pediatric screening, that is always 93000.

USE THIS ONE

93000

Full ECG Service

Routine 12-lead ECG with interpretation **and** report. The complete, billable service for office-based screening, and the code to pair with the preventive visit.

Medicare $15.44 · Top 5 avg $87.04

93005

Tracing Only

ECG tracing only, no interpretation or report. Typically used in a hospital or facility setting where a separate physician bills 93010 for the read.

Medicare $7.05 · Hospital/APC $60.27

93010

Interpretation Only

Interpretation and report only, no tracing. Paired with 93005 in split-billing scenarios. Not used standalone for office-based pediatric screening.

Medicare $8.39 · Top 5 avg ~$46.78

THE PREVENTIVE VISIT

New vs. established patients

The code you pair with 93000 depends on patient age and whether they are new or established.

CPT CODE	PATIENT TYPE	DESCRIPTION	AGE RANGE	MEDICARE AVG
99383	New Patient	Initial comprehensive preventive medicine evaluation	Ages 5-11	**$124.55**
99393	Established	Periodic comprehensive preventive medicine reevaluation	Ages 5-11	$109.10
99384	New Patient	Initial comprehensive preventive medicine evaluation	Ages 12-17	**$139.32**
99394	Established	Periodic comprehensive preventive medicine reevaluation	Ages 12-17	$119.84
99385	New Patient	Initial comprehensive preventive medicine evaluation	Ages 18-21	**$135.56**
99395	Established	Periodic comprehensive preventive medicine reevaluation	Ages 18-21	$122.20

Orange = new patients (99383 / 99384 / 99385). Grey = established (99393 / 99394 / 99395). Both are separately payable with CPT 93000 on the same date of service.

AVERAGE NEGOTIATED RATES

Commercial & managed Medicaid

Averaged across the top 5 commercial and managed Medicaid payers. Effective 6/1/2026 and 7/1/2026.

CPT	SERVICE	AVG. OF TOP 5 INSURANCE PAYERS
93000	**ECG: full service (interpretation + report)**	**$87.04**
99383	Preventive visit: new patient, ages 5-11	**$163.31**
99393	Preventive visit: established, ages 5-11	$149.05
99384	Preventive visit: new patient, ages 12-17	**$179.03**
99394	Preventive visit: established, ages 12-17	$158.52
99385	Preventive visit: new patient, ages 18-21	**$203.23**
99395	Preventive visit: established, ages 18-21	$186.77

Negotiated national sample rates (commercial + Medicaid). Amounts vary by plan, geography, and contract.

Verify with each payer before billing.

COMBINED REIMBURSEMENT PER ENCOUNTER

93000 + the preventive visit

Both codes are separately payable on the same date of service. No special authorization required.

93000 + 99383 / 99393

Ages 5-11

NEW PATIENT

$250.35

Avg. top 5 payers

ESTABLISHED PATIENT

$229.00

Avg. top 5 payers

MEDICARE + CHIP

$139.99

93000 + 99384 / 99394

Ages 12-17

NEW PATIENT

$266.07

Avg. top 5 payers

ESTABLISHED PATIENT

$233.83

Avg. top 5 payers

MEDICARE + CHIP

$154.76

93000 + 99385 / 99395

Ages 18-21

NEW PATIENT

$290.27

Avg. top 5 payers

ESTABLISHED PATIENT

$274.77

Avg. top 5 payers

MEDICARE + CHIP

$151.00

Average across the top 5 commercial and managed Medicaid payers. Not tied to any individual plan.

Verify with each payer before billing.

VERIFYING COVERAGE

Five steps, then submit

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 diagnosis code**: use the payer-accepted preventive ICD-10 from the well visit.
4. **Check the coverage policy**: confirm before the visit, not after.
5. **Submit the claim**: file per the payer's billing requirements and modifiers.

Resources

Payer coverage policies & guidelines

ecgcoverageguide.org

Questions & reimbursement concierge support

info@ecgcoverageguide.com

One-sheet quick guide

Scan to download

Educational reference. Not coding, billing, legal or reimbursement advice. Verify with each payer before submitting claims. Rates effective 6/1/26 and 7/1/26, subject to change.

THE BOTTOM LINE

Routine ECG screening at the wellness visit fits the workflow you already use. 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.