



EFFECTIVE DATE: 02|06|2010
POLICY LAST UPDATED: 02|06|2020

OVERVIEW

Cardiointegram (CIG) is a technique intended to detect abnormalities in the standard 12-lead electrocardiogram in patients at risk of cardiac ischemia.

This policy is applicable to Commercial Products only. For BlueCHiP for Medicare, see Related Policy section.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Cardiointegram is not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

A cardiointegram device consists of a microcomputer that receives output from a standard electrocardiogram (EKG) and transforms it to produce a graphic representation of heart electrophysiologic signals. This procedure may be used as a substitute for exercise tolerance testing with thallium imaging in patients for whom a resting EKG may be inadequate to identify changes compatible with coronary artery disease.

Cardiointegram, a technique intended to detect abnormalities in the standard 12-lead electrocardiogram that are not identifiable by competent routine interpretation in patients at risk of cardiac ischemia, is considered not medically necessary because there is insufficient evidence to support conclusions regarding its efficacy as a diagnostic tool.

CODING

Commercial Products

The following code is not medically necessary:

S9025 Omnicardiogram/cardiointegram

RELATED POLICIES

BlueCHiP for Medicare National and Local Coverage Determinations

PUBLISHED

Provider Update, April 2020

Provider Update, June 2019
Provider Update, May 2018
Provider Update, May 2017
Provider Update, May 2016
Provider Update, June 2015

REFERENCES

1. Gould LA, Betzu R, and et al. The resting cardiointegram: Correlation with stress thallium perfusion studies. *Angiology*, 1988; 39(4):375-80.
2. Health Care Financing Administration (HCFA) coverage Issues Manual Diagnostic Services. Section 50-47.
3. Nay P, Kannell WB, Castelli, McNamara PM. The omnicardiogram study of a proposed method for detecting coronary heart disease in an asymptomatic population. *Circulation*. 1975; 51: 462-466.
4. Teichholz LE, Steinmetz MY, et al. The cardiointegram: detection of coronary artery disease in males with chest pain and a normal resting electrocardiogram. *J Electrocardiol*. 1986; 19(3): 257-267.

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