



EFFECTIVE DATE: 02|06|2010
POLICY LAST UPDATED: 02|20|2018

OVERVIEW

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

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Cardiointegram is considered not medically necessary as there is insufficient evidence to demonstrate its clinical efficacy and value as a diagnostic tool.

COVERAGE

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

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

BlueCHiP for Medicare and Commercial Products

The following code is not medically necessary:

S9025 Omnicardiogram/cardiointegram

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, May 2018
Provider Update, May 2017
Provider Update, May 2016
Provider Update, June 2015
Provider Update, June 2014

Provider Update, May 2012
Provider Update, April 2011

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Cardiogram (CIG) as an Alternative to Stress Test or Thallium Stress Test (20.27)
2. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines
3. Olson JA, Fouts AM, Padanilam BJ, Prystowsky EN. Utility of mobile cardiac outpatient telemetry for the diagnosis of palpitations, presyncope, syncope, and the assessment of therapy efficacy. J Cardiovasc Electrocardiol. 2007 May; 18(5): 473-7. Epub 2007 Mar 6.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

