



**EFFECTIVE DATE:** 02|06|2010

**POLICY LAST UPDATED:** 04|07|2015

#### **OVERVIEW**

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

#### **MEDICAL CRITERIA**

Not applicable

#### **PRIOR AUTHORIZATION**

Not applicable

#### **POLICY STATEMENT**

##### **BlueCHiP for Medicare and Commercial**

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 Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are 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 twelve-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**

The following code is not medically necessary.

**S9025**

#### **RELATED POLICIES**

Not applicable

#### **PUBLISHED**

Provider Update, June 2015

Provider Update, June 2014

Provider Update, May 2012

Provider Update, April 2011

Provider Update, April 2010

## 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 Electrophysiol. 2007 May; 18(5): 473-7. Epub 2007 Mar 6.

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