

DRAFT Medical Coverage Policy | Signal-Averaged Electrocardiography (SAECG)



EFFECTIVE DATE: 12|01|2001
POLICY LAST UPDATED: 03|04|2014

OVERVIEW

Signal-averaged electrocardiography (SAECG) is a technique involving computerized analysis of small segments of a standard ECG to detect abnormalities, termed ventricular late potentials (VLPs), that would be otherwise obscured by “background” skeletal muscle activity.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Signal-averaged electrocardiography is **not medically necessary for BlueCHiP for Medicare members and Commercial products** as there is insufficient medical literature to support the efficacy of this service.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Ventricular late potentials (VLPs) reflect aberrant, asynchronous electrical impulses arising from viable isolated cardiac muscle bordering an infarcted area and are thought to be responsible for ventricular tachyarrhythmias. Therefore, VLPs, as measured by SAECG, have been investigated as a risk factor for arrhythmic events in patients with a variety of cardiac conditions, including cardiomyopathy and prior history of myocardial infarction (MI). Patients considered at high risk of ventricular arrhythmias and thus sudden death may be treated with drugs to suppress the emergence of arrhythmias or with implantable cardiac defibrillators (ICD) to promptly detect and terminate tachyarrhythmias when they occur. Because sudden cardiac death, whether from arrhythmias or pump failure, is one of the most common causes of death after a previous myocardial infarction, there is intense interest in risk stratification to target therapy. Patient groups are divided into those who have not experienced a life-threatening arrhythmia (i.e., primary prevention) and those who have (i.e., secondary prevention). SAECG is just one of many risk factors that have been investigated. Others include left ventricular ejection fraction (LVEF), arrhythmias detected on Holter monitor or electrophysiologic studies, heart rate variability, and baroreceptor sensitivity. T-wave alternans is another technique for risk stratification; it measures beat-to-beat variability, while SAECG measures beat-averaged conduction.

Signal-averaged ECG has not demonstrated improvements in health outcomes and remains not medically necessary for all indications.

COVERAGE

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

CODING

The following code is **not medically necessary for BlueCHiP for Medicare and Commercial products:**

93278

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	
Provider Update	Sep 2012
Provider Update	Mar 2012
Provider Update	Jan 2011
Provider Update	Jan 2010
Policy Update	Jan 2007
Policy Update	Jan 2006
Policy Update	Nov 2000
Professional Bulletin	Jun 1990

REFERENCES

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