



**EFFECTIVE DATE:** 02|06|2010  
**POLICY LAST UPDATED:** 04|16|2019

## 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

### 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, 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.

[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.

