Name of Policy: Cardiointegram (CIG) or Omnicardiogram

Policy #: 167
Category: Medicine

Latest Review Date: May 2011
Policy Grade: Active Policy but no longer scheduled for regular literature reviews and updates.

Background/Definitions:
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
Description of Procedure or Service:
A **cardiointegrgram/omnicardiogram** 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 is intended primarily 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.

Policy:
**Cardiointegrgram/omnicardiogram does not meet** Blue Cross and Blue Shield of Alabama’s medical criteria for coverage and is considered **investigational**.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

Key Points:
There is insufficient data on the clinical efficacy/sensitivity and value of **cardiointegrgram/omnicardiogram** as a diagnostic tool.

**May 2007 Update**
No new published information was located that would alter the coverage statement on this policy.

**May 2009 Update**
There continues to be no new published peer-reviewed literature; the policy statement remains unchanged.

**May 2010 Update**
There continues to be no new published peer-reviewed literature; the policy statement remains unchanged.

Key Words:
Cardiointegrgram, omnicardiogram

Approved by Governing Bodies:
FDA approved
**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply  
FEP contracts: FEP does not consider investigational if FDA approved. Will be reviewed for medical necessity  
Pre-certification/Pre-determination requirements: Not applicable

**Current Coding:**
HCPCS code:  
**S9025** (Invalid for Medicare 2001.) Cardiointegram/omnicardiogram

**References:**

**Policy History:**
Medical Policy Group, August 1984  
Medical Policy Group, September 1988  
Medical Policy Group, May 2004  
Medical Policy Administration Committee, June 2004  
Available for comment June 28-August 11, 2004  
Medical Policy Group, May 2005 (1)  
Medical Policy Group, May 2006 (1)  
Medical Policy Group, May 2007 (1)  
Medical Policy Group, May 2009 (1)  
Medical Policy Group, September 2012 (3): *Active Policy but no longer scheduled for regular literature reviews and updates.*

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This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.
This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.