

01-93000-22

Original Effective Date: 11/15/00

Reviewed: 04/22/21

Revised: 05/15/21

Subject: Signal Averaged Electrocardiography (SAECG)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Signal-averaged electrocardiography (SAECG) is a technique involving computerized analysis of small segments of a standard EKG to detect ventricular late potentials. Late potentials are signals that can be seen only at a very low voltage and are usually masked by noise from electrical equipment.

SAECG has been proposed as a test to predict which patients are at higher risk of experiencing an arrhythmic event (either a sustained arrhythmia or sudden cardiac death). Since sudden cardiac death, whether from arrhythmias or pump failure, is one of the most common causes of death after a previous MI, there is much interest in risk stratification to determine target therapy.

POSITION STATEMENT:

Signal-averaged electrocardiography (SAECG) is considered **experimental or investigational for all indications**. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

93278	Signal-averaged electrocardiography (SAECG), with or without ECG (Investigational)
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REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

None applicable

RELATED GUIDELINES:

None applicable

OTHER:

None applicable.

REFERENCES:

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2. Al-Khatib SM, Stevenson WG, et al. 2017 AHA/ACC/HRS guideline for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: Executive summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Heart Rhythm*. 2018 Oct;15(10):e190-e252.
3. American College of Cardiology. Signal-averaged electrocardiography. Expert Consensus Document. *J. Am. Coll. Cardiol*. 1996 Jan; 27(1): 238-249.
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14. Goldberger JJ, Cain ME, Hohnloser SH, et al, American Heart Association/American College of Cardiology Foundation/Heart Rhythm Society Scientific Statement on Noninvasive Risk Stratification Techniques for Identifying Patients at Risk for Sudden Cardiac Death, *J Am Coll Cardiol* 2008; 52:1179-99.
15. Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure):developed in collaboration with the American College of Chest Physicians and the International Society for Heart and Lung Transplantation: endorsed by the Heart Rhythm Society. *Circulation*. 2005 Sep 20; 112(12): e154-235.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 04/22/21.

GUIDELINE UPDATE INFORMATION:

11/15/00	Medical Coverage Guideline Developed.
02/15/02	Medical Coverage Guideline Reformatted.
03/15/03	Reviewed; no changes.
09/15/06	Scheduled review and revision of guideline consisting of updated references and addition of rationale for investigational statement.
07/15/07	Annual review, investigational status maintained, reformatted guideline, references updated.
09/15/08	Scheduled review; no change in position statement; references updated.
06/15/09	Annual review: position statement maintained; references updated.
05/11/14	Revision: Program Exceptions section updated.
07/15/17	Revision; investigational status maintained, description, position statement, and references updated.
05/15/19	Review; Position statement maintained; description section and references updated.
05/15/21	Review; Position statement maintained; references updated.