



UM-CDG-006 Cardiovascular Stress Testing

Approved By:
Director, Health Services

Effective Date:
11/10/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address cardiovascular stress testing, including exercise and/or pharmacological stress, and stress echocardiology.

A cardiovascular stress test is a diagnostic test to evaluate for the presence or the severity of coronary artery disease (CAD), exercise-induced arrhythmias or hemodynamic changes, and/or cardiac functional capacity. The test is performed using continuous electrocardiographic monitoring (ECG), monitoring blood pressure and pulse, and measuring changes in cardiac electrical activity during and after the use of a cardiac stressor. Exercise-induced changes in the ST-T segment of the ECG are measured and correlated with each level of cardiac stress achieved during the test. The heart is stressed by walking, then running on a treadmill, by riding a stationary bicycle, or by climbing up and down stairs. When the patient is unable to perform exercise, cardiac stress may be induced via an intravenous (IV) medication. Testing results are interpreted and reported with inclusion of the actual ECG readings for comparison with any averages the exercise test monitor generates.

Stress echocardiography adds a sound wave image of the heart (echocardiogram) to the electric monitoring. A two-dimensional image of the heart is produced and recorded during the test. The images are then compared for changes.

Radionuclide imaging may be indicated for patients that have ECG findings that make interpretation difficult or have other factors that make it necessary to perform cardiovascular stress testing in conjunction with radionuclide imaging.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers cardiovascular stress testing medically necessary for members who meets one or more of the following criteria:

1. Has signs and symptoms consistent with CAD such as angina pectoris or anginal equivalent symptoms, cardiac rhythm disturbances, unexplained syncope, heart failure, and/or significant atherosclerotic vascular disease somewhere within the body, or

2. Has a metabolic disorder known to cause CAD such as diabetes mellitus, syndrome X, or atherogenic hypercholesterolemia, or
3. Has an abnormal ECG consistent with CAD, or
4. Needs an evaluation for progression of CAD with the potential for a change in treatment:
 - a) Following a coronary artery bypass graft surgery, or
 - b) Following a myocardial infarction, or
 - c) Following a percutaneous transluminal coronary angioplasty, atherectomy, intracoronary thrombolysis, or other coronary revascularization procedure, or
 - d) Following medical treatment to reverse or stabilize CAD, or
 - e) For a history of coronary artery ischemic event without symptoms, or
5. Needs an evaluation as part of a preoperative assessment with intermediate or high risk for CAD is present and surgery is likely to induce significant cardiovascular stress, or
6. Needs an evaluation when information from the clinical assessment does not adequately assess functional capacity when information is required to manage the member.

SECUR Health Plan considers stress echocardiograms medically necessary in addition to cardiovascular electrical stress testing in the following:

1. An electrical stress test alone is not useful or effective, indicating the need for a stress echocardiogram, such as in:
 - a) An abnormal resting ECG due to digitalis, left ventricular hypertrophy, bundle branch block, preexcitation syndrome, electronically paced ventricular rhythm, or greater than 1 mm of resting ST depression, or
 - b) A prior equivocal stress test ECG, or
 - c) History of posterior wall myocardial infarction
2. The member has significant valvular heart disease and measuring the physiologic changes with exercise is necessary to determine the need for valve intervention.
3. There is a need to determine the significance or extent of myocardial ischemia or to assess myocardial viability.
4. The information from the clinical assessment and an electrical stress test does not adequately assess functional capacity, and this information is needed to manage the member.
5. There is a need to aid in the diagnosis of hypertrophic or dilated cardiomyopathy.
6. There is a need to differentiate ischemic from non-ischemic cardiomyopathy.
7. Testing is part of a preoperative evaluation of a member who is at intermediate or high risk for CAD when the surgery is likely to induce significant cardiovascular stress.

SECUR Health Plan considers radionuclide imaging medically necessary when there is clear indication of need of use of radionuclide imaging independently documented in the medical records consistent with ACCF/ASNC/ACR/AHA/ASE/SCCT/SCMR/SNM 2009 – Appropriate Use Criteria for Cardiac Radionuclide Imaging, or a similar standard that assures sufficient evidence that the testing is necessary.

SECUR Health Plan considers the following as not medically necessary:

1. The incremental information obtained from a repeat test or from the addition of an echocardiogram to an electrical stress test is of no clinical relevance.
2. The results of the test have no potential to impact the treatment of the member.
3. Secondary conditions will potentially decrease both the sensitivity and specificity of testing.
4. Testing is performed too frequently. Stress testing is covered only at a frequency that is appropriate for the member's condition and when the results will potentially impact treatment. Routine follow up tests following a myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary

angioplasty, in the absence of symptoms or clinical indications, outside of the reassessment period is not medically necessary. Annual testing in the absence of individual clinical indications is not medically necessary. When clinical information is sufficient to reliably monitor the member, an additional follow up test once every five (5) years is considered medically necessary.

5. Screening for coronary artery disease, such as for the presence of risk factors.
6. Cardiovascular stress testing used solely to motivate member lifestyle changes.
7. Cardiovascular stress testing to qualify a member for a noncovered service, such as fitness training or a weightloss program.
8. Cardiovascular stress testing for a preoperative assessment prior to either a noncovered surgical procedure or a covered surgical procedure where criteria for the testing is not sufficiently documented.

A stress echocardiogram is not considered medically necessary if performed simultaneously with radionuclide ventriculography or a myocardial perfusion imaging stress test with or without pharmacological stress.

Typically a member would not require both a stress echocardiogram and a stress nuclear test for the same clinical problem.

Documentation provided must substantiate the medical necessity of the service to include a clinical diagnosis, the specific reasoning for the testing, if applicable, the indication for performance of a stress echocardiogram versus an electrical stress test, rationale for utilization of any pharmacological stressor, and the reason for a stress echocardiogram if a stress nuclear test is also performed for the member for the same clinical condition.

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