

Indications for Stress Testing

Covered indications for cardiovascular stress testing include, but are not limited to the following:

1. Evaluation of patients with a high likelihood of coronary artery disease (CAD)
 - * Angina
 - * Arrhythmia (e.g., patients presenting with ventricular tachycardia, ventricular fibrillation)
 - * Syncope
 - * Heart failure, including pulmonary edema
 - * Arrhythmias in patients with exercise-induced presyncope or syncope
 - * Significant vascular obstructive disease indicative of co-existence of occult coronary artery disease (e.g., carotid obstructive disease, peripheral vascular disease involving the lower extremities, abdominal aortic aneurysm)

2. Evaluation of the prognosis and severity of disease
 - * Known CAD
 - Prior to major surgery for evaluation of risk of anesthesia and surgical intervention
 - When the patient's individual clinical situation indicates there is high likelihood of progression of disease requiring changes in treatment
 - * Stable Angina-As an initial evaluation of drug management
 - * Post-MI-The post-MI evaluation is limited by the severity of the disease
 - * Post-PTCA-The use of stress testing may be required when the patient is symptomatic after restenosis. This is typically within a six month period. After six months, symptoms are not typically considered in the post-PTCA period. This would be considered a new episode of illness.
 - * Post-CABG-The use of stress testing may be required when the patient is symptomatic, if the patient has had a previous "silent" (asymptomatic) ischemic event or to evaluate the rehab plan for the patient.

3. Evaluation of functional capacity
 - * Valvular heart disease
 - * Cardiomyopathy
 - * Status post intervention or drug change in patient with known CAD
 - * Evaluate potential heart transplant candidates

4. Evaluate the effects of therapy/interventions
 - * The patient's clinical situation is the key in the determination for the necessity of testing and the frequency appropriate.
 - * The absence of symptoms (e.g., angina) prior to known cardiac event (e.g., past "silent MI") indicates that future events may be asymptomatic. Therefore, testing is appropriate at a frequency established by the patient's individual clinical situation.

Non-Covered indications include:

1. Screening for coronary disease; the presence of risk factors alone is not a Medicare-payable indication
2. Stimulus to motivate changes in lifestyle; e.g., weight loss or exercise programs do not meet the Medicare medical necessity criteria
3. Sports medicine
4. Routine follow-up tests for MI, CABG or PTCA in the absence of symptoms or clinical indications (e.g., annual stress tests are not covered in the absence of individualized clinical indications).
5. Occupational fitness.