

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.091.MH
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

MP.091.MH – Intravascular Ultrasound of Coronary Vessels

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Intravascular Ultrasound (IVUS) of Coronary Vessels medically necessary for the following indications:

Coronary IVUS is indicated for either of the following:

1. IVUS of the coronary arteries (consistent with the 2011 ACCF/AHA Guidelines for Percutaneous Coronary Intervention 5.4.2) is indicated for any of the following medical reasons:
 - a. To confirm clinical suspicion of a significant left main coronary artery stenosis when standard angiography is indeterminate;
 - b. To detect rapidly progressive cardiac allograft vasculopathy following heart transplant;
 - c. To determine the mechanism of stent thrombosis or restenosis;
 - d. To assess non-left main coronary arteries with angiographic intermediate stenosis (50-70%) to aid the decision whether or not to place a stent; or,
 - e. To assist in guidance of complex coronary stent implementation, especially involving the L main coronary artery.
2. In lieu of coronary angiography when performed to minimize use of iodinated contrast material in an individual with compromised renal function, congestive heart failure or known contrast allergy.

Limitations

Coronary IVUS is not covered for any of the following (this is not an all-inclusive list):

1. Screening for coronary artery disease in asymptomatic individuals;
2. Routine lesion assessment is not recommended when revascularization with PCI or CABG is not being considered;
3. Carotid stent placement;
4. Follow-up monitoring of medical therapies for atherosclerosis;
5. Peripheral vascular intervention; or,
6. Evaluation of chronic venous obstruction or to guide venous stenting.

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Background

Ultrasound diagnostic procedures utilizing low energy sound waves are being widely employed to determine the composition and contours of nearly all body tissues except bone and air-filled spaces. This technique permits noninvasive visualization of even the deepest structures in the body. The use of the ultrasound technique is sufficiently developed that it can be considered essential to good patient care in diagnosing a wide variety of conditions.

Intravascular ultrasound (IVUS) is an imaging technique that uses a tiny ultrasound transducer to obtain detailed views of the lumen and wall of a coronary vessel. IVUS has been investigated for imaging of coronary vessels for guidance of procedures such as angioplasty and insertion of coronary stents, and for monitoring response to treatment.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report, initial vessel (list separately in addition to code for primary procedure).
92979	Each additional vessel (list separately in addition to code for a primary procedure).
Non-Covered CPT Codes	
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention: initial vessel.
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention: each additional vessel.
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation: initial vessel.
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation: each additional non-coronary vessel.
ICD-9 codes covered if selection criteria are met:	
410.00-414.9	Ischemic heart disease
425.4	Other primary cardiomyopathies

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428.0-428.9	Heart failure
440.0	Atherosclerosis of aorta
440.8	Atherosclerosis of other specified arteries
785.51	Cardiogenic shock
786.50-786.59	Chest pain
794.30-794.39	Nonspecific abnormal results of function studies cardiovascular
996.72	Other complications due to other cardiac device, implant, and graft
996.83	Complications of transplanted heart
997.1	Cardiac complications, not elsewhere specified
998.01-998.12	Postoperative shock-Hematoma complicating a procedure
V42.1	Organ or tissue replaced by transplant; heart
V45.82	Percutaneous transluminal coronary angioplasty status
V58.44	Other aftercare following surgery, organ transplant
ICD-10 codes covered if selection criteria are met:	
I20.0-I25.9	Ischemic heart diseases
I42.0-I49.9	Cardiomyopathy
I50.1-I50.9	Heart failure
I70.0	Atherosclerosis of aorta
I70.8-I70.92	Atherosclerosis of other arteries-Generalized atherosclerosis
I97.710 – I97.89	Other postprocedural complications during surgery
J95.61 – J95.831	Postprocedural hemorrhage and hematoma of a respiratory system organ or structure following other procedure
K91.61- K91.841	Postprocedural hemorrhage and hematoma of a digestive system following other procedure
M96.810 – M96.831	Post procedural hemorrhage and hematoma of a musculoskeletal structure following other procedure
N99.61 – N99.821	Postprocedural hemorrhage and hematoma of a genitourinary system following a genitourinary system procedure
R07.1-R07.9	Chest pain
R57.0	Cardiogenic shock
R94.30-R94.39	Abnormal results of cardiovascular function studies
T81.11XA	Postprocedural cardiogenic shock

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T82.817A-T82.9XXs	Other complications due to other cardiac and vascular prosthetic devices, implants, and grafts
T86.20-T86.298	Complications of heart transplant
T97.710-T97.89	Intraoperative cardiac functional disturbances-Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified
Z48.21	Encounter for aftercare following heart transplant
Z48.298	Encounter for aftercare following other organ transplant
Z94.1	Heart transplant status
Z95.5	Presence of coronary angioplasty implant and graft
Z98.61	Coronary angioplasty status

References

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Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary,

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shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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