UnitedHealthcare®

Reimbursement Policy

Percutaneous Coronary Interventions

Policy Number	PCI02152014RP	**Approved By**	UnitedHealthcare Medicare Reimbursement Policy Committee	**Current Approval Date**	03/26/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated.

Summary

Overview

Percutaneous coronary intervention (PCI) may be indicated in the management of:

- patients with acute coronary syndrome (eg. acute myocardial infarction, unstable angina)
- patients with a history of significant obstructive atherosclerotic disease
- patients with restenosis of a coronary artery previously treated with intracoronary stent or other revascularization procedure
- patients with chronic angina
- patients with silent ischemia

There is no benefit to PCI for patients with stable CAD.

Coronary thrombectomy performed with PTCA and stent insertion are separately reimbursable.

Coronary thrombolysis (including coronary angiography) when performed by intracoronary infusion is separately reimbursable when performed preceding or subsequent to PTCA or atherectomy.

Indications for Intracoronary ultrasound and Doppler fractional flow reserve studies:

Intracoronary ultrasound may be separately covered when needed to assess the extent of coronary stenosis if equivocal on angiography, or when needed to assess the patency and integrity of a coronary artery post-intervention. Alternatively, intravascular doppler velocity and/or pressure derived coronary flow reserve measurement may be performed to assess the degree of stenosis within a vessel. Intracoronary ultrasound or fractional flow reserve measurement should be performed on an individual artery as clinically indicated. Both procedures are not considered medically necessary unless written documentation in the form of a procedure note is submitted to support medical necessity. Intracoronary ultrasound and doppler fractional flow reserve studies can be required in multivessel CAD.

Reimbursement Guidelines

A diagnostic cardiac catheterization to assess the nature of the lesion(s) prior to the intervention is a covered service. The diagnostic cardiac catheterization may be performed at any time prior to the PCI, including the same day as the PCI. Performance of a diagnostic cardiac catheterization and interventional procedure on the same day is increasingly the standard of practice. If the diagnostic catheterization is done within 30 days of the PCI, it is usually not necessary to repeat the catheterization unless there is a documented change in the patient's condition. While there may be reasons for delaying the interventional procedure (e.g., transfer from a community hospital to a tertiary center, excessive dye load, further treatment planning or evaluation of angiography, etc.), it is recommended that both procedures be performed during the same encounter when medically appropriate, with detailed discussion of benefits and risks of PCI. Separation of these procedures for the purpose of circumventing the multiple surgery pricing, or for the convenience of physician or hospital scheduling, is considered an inappropriate practice and may subject the services to review and denial for medical necessity. The decision to stage these procedures is deferred to the judgment of the interventional Cardiologist, and individualized only to the clinical needs of the patient. (e.g., dye load already received; need to correlate findings with other test results, etc). Reasons for delaying an indicated percutaneous coronary intervention should be documented in the medical record. Unless there is a new clinical event, a change in

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symptomatology, abnormal examination or other test results, a repeat diagnostic catheterization within three months of the last diagnostic catheterization and prior to the percutaneous coronary intervention is generally not reimbursable and is considered not reasonable and necessary.

All interventions are within a single coronary artery. Modifiers are identified as: LD (left anterior descending coronary artery), LC (left circumflex coronary artery), RC (right coronary artery), LM (left main artery) and RI (rasmus intermedius artery). Each intervention may only be billed as a single procedure regardless of the number of lesions treated within that vessel. However, if four or more stents are placed in a single vessel, then it would be considered an "unusual procedural service" and eligible for additional reimbursement equivalent to that of an additional treated vessel. Major coronary artery modifiers are required to be submitted with appropriate procedure codes as outlined in National Correct Coding Initiative Policy Manual.

Prophylactic insertion of a temporary transvenous pacemaker, repositioning or replacement of catheters and administration of medications during the procedure are included in the procedure and are not separately billable. Right heart catheterization and insertion of a Swan - Ganz catheter are not generally medically necessary for a PCI and will be denied, unless medically necessary when performed incident to a diagnostic catheterization prior to the intervention. Standby services of a surgeon or anesthesiologist are not covered services.

Intracoronary injections of drugs during diagnostic or therapeutic procedures are considered to be part of the procedure and are not separately reimbursable.

Coronary thrombectomy is bundled with atherectomy on CCI (correct coding initiative) edit tables and is not separately reimbursable when performed with it. Thrombolytic infusion is bundled with stent placement on CCI tables and is not separately reimbursable when performed with intracoronary stent placement. Percutaneous vascular closure devices (PVCD) may be used to facilitate closure of an arterial puncture site after angiography, cardiac catheterization and interventional cardiology procedures in addition to or in place of manual compression, use of a mechanical clamp or a sandbag, or a combination of these methods. These services are inherent to the invasive procedure and are not separately payable.

Limited coverage is not being established at this time for CPT code 92974; Medicare is establishing the following limited coverage for CPT/HCPCS codes 92973, C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, C9608, 92900, 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944.

CPT / HCPCS Codes

Code	Description
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

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92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
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	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel

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C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

References Included (but not limited to):

CMS NCD

NCD 20.7 Percutaneous Transluminal Angioplasty (PTA)

CMS LCD(s)

Numerous LCDs

CMS Benefit Policy Manual

Chapter 6; § 20.4.1 Diagnostic Services Defined

CMS Claims Processing Manual

Chapter 4; § 61.5 Billing for Intracoronary Stent Placement

Chapter 12; § 30 Correct Coding Policy; § 70 Payment Conditions for Radiology Services

Chapter 23; § 10.1–10.1.7 ICD-9-CM Coding for Diagnostic Tests

UnitedHealthcare Medicare Advantage Coverage Summaries

Cardiovascular Diagnostic Procedures

Percutaneous Transluminal Angioplasty and Stenting

UnitedHealthcare Reimbursement Policies

Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)

History

Date	Revisions
03/26/2014	• New Policy • Annual review for MRP Committee presentation and approval