

CHAPTER 4
SECTION 2.6

PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY (PTA)

Issue Date: December 29, 1982

Authority: [32 CFR 199.4\(b\)\(2\)\(xviii\)](#), and [\(c\)\(2\)\(xiv\)](#)

I. PROCEDURE CODE RANGE

75962-75968, 35450-35460, 35470-35476

II. DESCRIPTION

This procedure involves inserting a balloon catheter into a narrow or occluded artery in order to canalize and dilate the artery by inflating the balloon.

III. POLICY

A. Percutaneous transluminal angioplasty (PTA) in the treatment of arteriosclerotic obstructions in the upper and lower extremity vessels (i.e., abdominal aorta, subclavian artery, the iliac, femoral, popliteal and tibial peroneal arteries) are covered. Coverage is also available for PTA of the abdominal aorta as an adjunct to PTA of the iliac arteries and other lower extremities with evidence of existing aortoiliac atherosclerotic disease.

B. Effective January 23, 1991, PTA may be covered for treatment of obstructive lesions of hemodialysis access fistulas. Reimbursement is limited to those eligible beneficiaries as outlined in the [Chapter 9, Section 2.2](#).

C. Effective January 31, 1992, TRICARE may cost-share the AIS Excimer Laser Angioplasty System, used separately or in conjunction with a PTA procedure, for treatment of occlusions of the coronary arteries with lesions greater than 20 millimeters in length.

IV. EXCLUSIONS

PTA in the treatment of obstructive lesions of the carotid, vertebral, and cerebral arteries (see [Chapter 8, Section 14.1](#)).

V. POLICY CONSIDERATIONS

A. See [Chapter 1, Section 18.2](#) for coverage criteria for percutaneous transluminal coronary angioplasty (PTCA) and AIS Excimer Laser Angioplasty System with or without PTCA.

B. Because of the retroactive effective date of coverage listed under "Policy" above, Contractors are authorized to readjudicate previously denied claims or appeals following the above guidelines when requested by beneficiaries and participating providers.

C. Since there is no CPT code for the AIS Excimer Laser Angioplasty, claims processors shall follow the reimbursement methodology outlined in [Chapter 13, Section 1.5](#) when the service is billed as a separate procedure and when the service is billed in conjunction with PTA, until a CMAC can be developed or a CPT code is assigned.

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