

## CARDIOVASCULAR SYSTEM

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### I. CPT<sup>1</sup> PROCEDURE CODE RANGES

33010 - 33130, 33200 - 37799, 92950 - 93272, 93303 - 93744, 93770, 93797 - 93799

### II. DESCRIPTION

The cardiovascular system involves the heart and blood vessels, by which blood is pumped and circulated through the body.

### III. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the cardiovascular system are covered.

B. Ventricular assist devices (external and implantable) are covered if the device is FDA approved and used in accordance with FDA approved indications.

C. Gamma and beta intracoronary radiotherapy (brachytherapy) is covered for the treatment of in-stent restenosis in native coronary arteries.

### IV. EXCLUSIONS

A. Thermogram; cephalic (CPT<sup>1</sup> procedure code 93760); peripheral (CPT<sup>1</sup> procedure code 93762) are unproven.

B. Ambulatory blood pressure monitoring is unproven.

*93784 - AMBULATORY BP MONITORING<sup>1</sup>*

*93786 - AMBULATORY BP RECORDING<sup>1</sup>*

*93788 - AMBULATORY BP ANALYSIS<sup>1</sup>*

*93790 - REVIEW/REPORT BP RECORDING<sup>1</sup>*

C. Transmyocardial Revascularization (CPT<sup>1</sup> procedure codes 33140-33141) is unproven.

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CHAPTER 4, SECTION 9.1

CARDIOVASCULAR SYSTEM

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D. Cardiomyoplasty (Cardiac Wrap) for treatment of heart failure is unproven.

E. Minimally Invasive Coronary Artery Bypass Graft (CABG) surgery to include Minimally Invasive Direct Coronary Artery Bypass (MIDCAB) and Port Access Coronary Artery Bypass (PACAB) are unproven.

F. Percutaneous Transluminal Angioplasty (PTA) in the treatment of obstructive lesions of the carotid, vertebral and cerebral arteries is unproven.

G. Signal-Average Electrocardiography (CPT<sup>2</sup> procedure code 93278) is unproven.

V. EFFECTIVE DATE

March 1, 2001, for gamma and beta intracoronary radiotherapy (brachytherapy).

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