CHAPTER 4
SECTION 9.1

CARDIOVASCULAR SYSTEM

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I. CPT[1] PROCEDURE CODES

33010 - 33130, 33200 - 37799, 92950 - 93581, 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 (VADs) (external and implantable) are covered if the device is FDA approved and used in accordance with FDA approved indications. VADs as destination therapy (CPT[1] 33979) are covered if they have received approval from the FDA for that purpose and are used according to the FDA-approved labeling instructions. Benefits are authorized when the procedure is performed at a TRICARE-certified heart transplantation center, a TRICARE-certified pediatric consortium heart transplantation center, or a Medicare facility which is approved for VAD implantation as destination therapy, for patients who meet all of the following conditions:

1. The patient has chronic end-stage heart failure (New York Heart Association Class IV end-stage left ventricular failure for at least 90 days with a life expectancy of less than 2 years).

2. The patient is not a candidate for heart transplantation.

3. The patient's Class IV heart failure symptoms have failed to respond to optimal medical management, including a dietary salt restriction, diuretics, digitalis, beta-blockers, and ACE inhibitors (if tolerated) for at least 60 of the last 90 days.

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4. The patient has left ventricular ejection fraction (LVEF) less than 25%.

5. The patient has demonstrated functional limitation with a peak oxygen consumption of less than 12 ml/kg/min; or the patient has a continued need for intravenous inotropic therapy owing to symptomatic hypotension, decreasing renal function, or worsening pulmonary congestion.

6. The patient has the appropriate body size (by device per FDA labeling) to support the VAD implantation.

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

D. Transmyocardial revascularization (TMR) (CPT[2] procedures codes 33140 and 33141).

1. Coverage is available for patients with stable class III or IV angina which has been found refractory to standard medical therapy, including drug therapy at the maximum tolerated or maximum safe dosages. In addition, the angina symptoms must be caused by areas of the heart not amenable to surgical therapies such as percutaneous transluminal coronary angioplasty, stenting, coronary atherectomy or coronary bypass.

2. Coverage is limited to those uses of the laser used in performing the procedure which have been approved by the FDA for the purpose for which they are being used.

E. TMR as an adjunct to CABG is covered for patients with documented areas of the myocardium that are not amenable to surgical revascularization due to unsuitable anatomy.

IV. EXCLUSIONS

A. Thermogram; cephalic (CPT procedure code 93760); peripheral (CPT[2] procedure code 93762) are unproven.

B. Ambulatory blood pressure monitoring is unproven.

93784 - AMBULATORY BP MONITORING[2]
93786 - AMBULATORY BP RECORDING[2]
93788 - AMBULATORY BP ANALYSIS[2]
93790 - REVIEW/REPORT BP RECORDING[2]

C. Percutaneous Myocardial Laser Revascularization (PMR) is unproven.

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.

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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[3] procedure code 93278) is unproven.

V. EFFECTIVE DATES

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

B. January 1, 2002, for TMR.

C. October 1, 2003, for ventricular assist devices as destination therapy.

- END -

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