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2025 Percutaneous Coronary Intervention (PCI), Angioplasty, Atherectomy and Stenting

Cardiology

CARD-PCI-HH

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Percutaneous Coronary Intervention (PCI): Angioplasty, Atherectomy & Stenting

NCD 20.7
*__NOTE__: ***NO*** *clinical criteria*
See also, **NCD 20.7**: Percutaneous Transluminal Angioplasty (PTA) at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Preamble: Pediatric Cardiology Preamble

HealthHelp's clinical guidelines for the Cardiology program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

PCI Guideline

Percutaneous coronary intervention (PCI) angioplasty, atherectomy and/or stenting is considered medically appropriate when the documentation demonstrates **ALL** of the following: [1]

1. Anatomy is appropriate for procedure and high surgical risk, if coronary artery bypass graft is preferred.
   Reference: [1]
2. Completeness of revascularization is prioritized.
   Reference: [1]
3. Synergy between percutaneous coronary intervention with TAXUS and cardiac surgery (SYNTAX) is documented as 22 or less.
   References: [1] [5]
4. **ANY** of the following:
   a. Angina or anginal equivalent and **ALL** of the following:
      i. Fractional flow reserve (FFR) is less than 0.80 **OR** instantaneous wave-free ratio (iFR) is less than 0.89.
      ii. Ischemia is undocumented.
      iii. Stenosis demonstrated on angiography is intermediate (50% or more).
   b. Cardiac arrest, polymorphic ventricular tachycardia or ventricular fibrillation and coronary artery disease (CAD) is significant, (Left main stenosis is 50% or more **OR** 70% or more in more than 1 vessel).

c. Diabetic, with significant multi-vessel stenosis (70% or more in more than 1 vessel) **AND** poor candidate for surgery.

d. Non-ST elevated-acute coronary syndrome (NSTE-ACS) and **ANY** of the following:

   i. Angina is refractory.

   ii. Cardiogenic shock

   iii. Hemodynamic or electrolyte instability

   iv. High risk and chronic kidney disease (CKD) (*__NOTE__: *If low-risk, it is reasonable to weigh the risk of revascularization against the potential benefit*.)

   v. Pregnant and medical therapy is ineffective.

   vi. Recurrent ischemic events are anticipated.

   vii. Stable and risk for additional cardiac clinical events (eg, cardiogenic shock, MI, sudden cardiac death) is intermediate or high (thrombolysis in myocardial infarction [TIMI] score is 3 to 4).

e. Peri-procedural planning or post-procedure follow-up and **ANY** of the following:

   i. Cardiac allograft vasculopathy **AND** discrete coronary lesions are proximal and severe.

   ii. Renal transplant planning with CAD and **ANY** of the following:

      A. 3 vessel stenosis (eg, 3 vessels with FFR less than 0.80 or iFR less than 0.89)

      B. Left main artery stenosis (eg, 50% or more stenosis)

      C. Proximal left anterior descending artery stenosis (eg, instantaneous wave-free ration (iFR) less than 0.89 or stenosis with fractional flow reserve (FFR) less than 0.80)

   iii. Valvular repair (trans-aortic valve repair [TAVR] or trans-mitral valve repair [TMVR]) is planned **AND** coronary artery stenosis is 70% or more in the proximal segments.

f. Saphenous vein graft (SVG) restenosis is suspected and **ALL** of the following: (*__NOTE__: *Distal protection devices should be used for PCI of SVG lesion. PCI of the bypassed native artery should be considered over PCI of the bypass graft*.)

   i. CABG history

   ii. Symptomatic (eg. chest pain, tightness) **OR** imaging demonstrates large area of ischemia

iii. **DESPITE** receiving optimal medical therapy

g. ST elevated myocardial infarction (STEMI) and **ANY** of the following:

i. Revascularization of infarct artery and **ANY** of the following;

A. Arrhythmia is life-threatening.

B. Cardiogenic shock or hemodynamic instability

C. Chronic kidney disease

D. Fibrinolytic therapy and **EITHER** of the following:

I. Reperfusion **FAILED**

II. Stable, asymptomatic and within 3 to 24 hours of fibrinolytic therapy

E. Heart failure is acute and severe.

F. Hemodynamically stable and symptom onset was 12 to 24 hours ago.

G. Ischemia is persistent despite **FAILED** primary PCI or fibrinolytic therapy and **ANY** of the following:

I. Asymptomatic, 1 or more additional vessels with stenosis of 50% or more and **EITHER** of the following:

1. Fractional flow reserve (FFR) is 0.80 or less.

2. Ischemia is demonstrated on prior imaging/testing.

II. Symptomatic (eg, chest pain/tightness)

H. Occurred in the last 12 hours with ischemic symptoms (eg, chest pain/tightness)

I. Pregnant **AND** STEMI is **NOT** caused by spontaneous coronary artery dissection (SCAD).

ii. Revascularization of a non-infarct artery with significant stenosis (Left main stenosis is 50% or more **OR** 70% or more in more than 1 vessel) is needed and **ANY** of the following:

A. **ALL** of the following:

I. Hemodynamically stable

II. Multi-vessel disease

III. Primary PCI was successful.

B. Cardiogenic shock is persistent after primary PCI

h. Stable ischemic heart disease (SIHD) and **ANY** of the following:

i. Angina is refractory despite optimal medical therapy.

ii. Left main stenosis is significant (50% or more).

iii. Multivessel CAD (70% or more in more than 1 vessel)

References: [1] [2] [5] [4] [3]

LCD 34761
See also, **LCD 34761** : Percutaneous Coronary Interventions at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

PCI Procedure Codes

Table 1. Percutaneous Coronary Intervention (PCI): Angioplasty, Atherectomy and Stenting Associated Procedure Codes

CODE	DESCRIPTION
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
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
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
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

CODE	DESCRIPTION
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
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)

PCI Summary of Changes

Percutaneous Coronary Intervention (PCI): Angioplasty & Stenting clinical guidelines from 2024 to 2025 had the following version changes:

- Added the following to keep in line with current evidence:
  - "Angina or anginal equivalent and **ALL** of the following"
  - "Cardiac allograft vasculopathy **AND** discrete coronary lesions are proximal and severe"
  - "Diabetic, with significant multi-vessel stenosis (70% or more in more than 1 vessel) **AND** poor candidate for surgery."
  - Pediatric Preamble
- Removed the following as current evidence does not support the indication:
  - "Coronary artery pseudoaneurysm or dissection" as it is a 2b class of recommendation
  - "PCI complication risk is low and long-term outcomes are anticipated to be intermediate to high (eg, SYNTAX score less than 33), due to the associated anatomic conditions." as it is a 2b class of recommendation

PCI Definitions

Acute coronary syndrome (ACS) is a sudden, severe event in which the obstruction of a coronary artery interferes with blood flow to the heart muscle. It encompasses acute ischemic

heart disease (eg, angina, myocardial infarction). ACS is diagnosed on the basis of rapidly accelerating symptoms of myocardial ischemia, with objective evidence of acute ischemia from an electrocardiogram and/or elevated circulating markers of myocardial injury.

Angina pectoris is the medical term for chest pain or discomfort due to coronary heart disease. It occurs when the heart muscle does not get as much blood as it needs. This may happen because one or more of the heart's arteries is narrowed or blocked, also called ischemia.

- Atypical chest pain or discomfort that lacks the characteristics of typical angina and is described as burning, sharp or stabbing brought on by deep breathing, coughing or movement of arms or torso, and lasting for seconds. The term non-cardiac should be used if heart disease is not suspected.
- Microvascular angina is a type of angina or chest pain that may be a symptom of coronary microvascular disease (MVD). Coronary MVD is a heart disease that affects the heart's smallest coronary artery blood vessels. Spasms within the walls of these very small arterial blood vessels cause reduced blood flow to the heart muscle leading to a type of chest pain referred to as microvascular angina. Angina that occurs in coronary MVD may differ from the typical angina that occurs in heart disease. The chest pain usually lasts longer than 10 minutes, and it can last longer than 30 minutes.
- Prinzmetal angina may also be referred to as variant angina, Prinzmetal's variant angina or angina inversa. Prinzmetal's angina almost always occurs at rest, usually between midnight and early morning. These attacks can be very painful. The pain from variant angina is caused by a spasm in the coronary arteries (which supply blood to the heart muscle). The coronary arteries can spasm as a result of any of the following: exposure to cold weather, stress, medicines that tighten or narrow blood vessels, smoking or cocaine use.
- Typical angina, also known as stable angina or angina pectoris, is defined as: 1) substernal/ retrosternal chest pain, pressure, tightness or squeezing, described as dull, heavy, or crushing, and/or radiating to the mid-sternal or anterior chest; with possible associated symptoms (eg, dyspnea, nausea, lightheadedness) 2) provoked by exertion or emotional stress and 3) relieved by rest and/or nitroglycerin.
- Unstable angina (USA) is defined as angina that is of new onset and occurs at rest or with minimal exertion. USA can also occur from previously known stable angina in terms of increased frequency or duration of chest pain, resistance to previously effective medications, or provocation with decreasing levels of exertion or stress.

Anginal/Ischemic Equivalents (IE) are symptoms of myocardial ischemia that may arise without chest discomfort, alone or in combination, as a presenting pattern of known ischemic coronary disease.

Symptoms include shortness of breath at rest or exertion, diaphoresis, fatigue, lightheadedness, dizziness, nausea, emesis or gastric eructation, shoulder, arm or jaw discomfort, reduced or

worsening effort tolerance. Chest pain with ST segment depression or T-wave inversion, or with a new bundle branch block also represent anginal/ischemic equivalent. Pleuritic, musculoskeletal-type pain, non-exertional pain, and nocturnal pains have been reported as anginal equivalents in women.

Anginal equivalent symptom presentation, regardless of coronary revascularization history, should result in efforts to rule-out the related organ systems (eg, anemia causing fatigue, lung disease causing dyspnea). Efforts may include diagnostic imaging, laboratory tests, oximetry, d-dimer, lung exam, etc., that are incorporated (like chest pain) into the coronary artery disease evaluation. Syncope is usually not considered an anginal equivalent.

Angioplasty is a procedure to enlarge the opening in a blood vessel that has become narrowed or blocked by plaque (a buildup of fat and cholesterol on the inner wall of the blood vessel).

Arrhythmia is an irregular or abnormal heart rhythm. Arrhythmia refers to any change from the normal sequence of electrical impulses of the heart, causing abnormal heart rhythms. The electrical impulses may happen too fast, too slowly or erratically – causing the heart to beat too fast, too slowly or erratically.

Atherectomy is the removal of atheromatous tissue from arteries by cutting, shaving, or ablating it to enlarge the luminal area. It can be classified into directional, orbital or rotational, excisional/aspiration, and laser atherectomy based on the mechanism of action.

Cardiac allograft vasculopathy is an increase of 0.5 mm or more in maximal intimal thickness within the first year after heart transplant. It can lead to death or serious heart disease.

Cardiogenic shock (CS) is a serious and life-threatening condition that occurs when the heart is unable to pump enough blood to the body's vital organs and is commonly triggered by heart attack or heart failure.

Chronic kidney disease (CKD) is classified into five stages based on glomerular filtration rate (GFR):

- Stage 1: GFR 90 mL/min/1.73 m² or more with evidence of kidney damage.
- Stage 2: GFR 60 to 89 mL/min/1.73 m² with evidence of kidney damage.
- Stage 3a: GFR 45 to 59 mL/min/1.73 m²
- Stage 3b: GFR 30 to 44 mL/min/1.73 m²
- Stage 4: GFR 15 to 29 mL/min/1.73 m²
- Stage 5: GFR less than 15 mL/min/1.73 m², indicating kidney failure.

Coronary artery bypass graft (CABG) is a surgical procedure performed to shunt blood around a narrowing or blockage in the coronary artery of the heart. This procedure involves attaching one end of a segment of blood vessel (eg, a vein of the leg) that was removed from another part of the body into the aorta, and the other end of the segment into the coronary artery beyond the obstructed area, to increase blood flow.

Coronary artery disease (CAD) is caused by plaque buildup in the walls of the arteries that supply blood to the heart (called coronary arteries) and other parts of the body.
Coronary artery stenosis is a narrowing of the coronary artery lumen space.
Discrete coronary lesions refer to localized abnormalities in the coronary arteries, often characterized by significant stenosis or blockage.
Fibrinolytic therapy is used to break down blood clots and establish reperfusion in acute thrombotic disease processes such as acute ischemic stroke, acute pulmonary embolism, and STEMI (ST-segment elevation myocardial infarction). Fibrinolytic agents activate plasminogen to plasmin, which then degrades fibrin, leading to the dissolution of thrombi. Agents include streptokinase, urokinase, and tissue plasminogen activator (t-PA) variants like alteplase, reteplase, and tenecteplase.
Fractional flow reserve (FFR) is a ratio of the maximal myocardial blood flow in the presence of a stenosis to the theoretical normal maximal flow in the same distribution. FFR is calculated by using the distal coronary pressure of the stenosis divided by the aortic pressure during maximal hyperemia (increased amount of blood in vessel).
Heart failure (HF); (also known as **congestive heart failure [CHF];**) is a condition that develops when the heart is unable to pump enough blood for the body's needs. HF occurs when the heart cannot fill with enough blood or is too weak to pump properly. Decompensated heart failure is sudden worsening (exacerbation) of heart failure symptoms (eg, difficulty breathing, lower extremity edema, fatigue) to where the heart can no longer continue to compensate for its full function.
Hemodynamic instability is a condition caused by abnormal or unstable blood pressure that results in improper circulation and organs of the body do not receive adequate blood flow. It is characterized by chest pain, confusion, abnormal heart rate, loss of consciousness, restlessness, shortness of breath, cold hands, arms, legs or feet.
Instantaneous wave-free ratio (iFR) is a physiological index used to assess the severity of stenosis. The iFR is calculated by measuring the resting pressure gradient across a coronary lesion during the portion of diastole when microvascular resistance is low and stable.
Ischemia is a deficient supply of blood to a body part (such as the heart or brain) due to obstruction of the inflow of arterial blood.
Lumen is the cavity or channel within a tube or tubular organ such as a blood vessel or the intestine.
Myocardial infarction (MI), also called a heart attack, occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely. The coronary arteries that supply the heart muscle with blood flow can become narrowed from a buildup of fat, cholesterol and other substances that together are called plaque. This process is known as atherosclerosis. When plaque within a coronary artery breaks, a blood clot forms around the plaque and can block the flow of blood through the artery to the heart muscle. Ischemia results when there is an

inadequate blood supply to the heart muscle causing damage or death of part of the heart muscle, resulting in an MI.

Optimal medical therapy (OMT) refers to the use of all appropriate therapies, tailored to individual patient needs, to achieve the best possible clinical outcomes.

Optimal medical therapy after coronary artery bypass grafting (CABG) includes aspirin, high-intensity statin therapy, and potentially dual antiplatelet therapy (DAPT) in selected cases. It is crucial to initiate aspirin within 6 hours postoperatively to reduce the risk of saphenous vein graft (SVG) closure and adverse cardiovascular events.

Percutaneous coronary intervention (PCI) is a non-surgical procedure that uses a catheter (a thin flexible tube) to place a small structure called a stent to open up blood vessels in the heart that have been narrowed by plaque buildup, a condition known as atherosclerosis.

Polymorphic ventricular tachycardia (VT) is defined as a ventricular tachyarrhythmia with a continually changing QRS morphology from beat to beat, often accompanied by irregular R-R intervals. Polymorphic VT can present with light-headedness, syncope, or cardiac arrest, and may degenerate into ventricular fibrillation (VF). The electrocardiographic appearance of polymorphic VT includes variable QRS complex morphologies and axes, which can make it challenging to distinguish from VF.

Refractory is resistance to treatment or cure.

Revascularization is a medical procedure that restores blood flow to an organ or body part that has been ischemic, or without enough blood. It can be used to treat existing blood flow problems, such as heart attacks, or to prevent similar problems from occurring in the future.

Saphenous vein graft (SVG) is a segment of the saphenous vein used to bypass obstructed coronary arteries in coronary artery bypass graft (CABG) surgery. SVGs are the most commonly used conduits in CABG due to their availability and suitable size.

ST Elevation Myocardial Infarction (STEMI) is a heart attack with a completely blocked coronary artery. It is accompanied by a persistent elevation of the ST segment on an electrocardiogram (ECG).

Stenosis is a narrowing or constriction of the diameter of a bodily passage or orifice.

Stent is a small, expandable, metal mesh tube used to keep open previously narrowed arteries after angioplasty has been performed. The stent surrounding the inserted balloon expands when the balloon is inflated, locking the stent into place against the plaque/arterial vessel wall. The stent stays inside the artery after the balloon is deflated and removed.

Spontaneous coronary artery dissection (SCAD) is a tear in the wall of a coronary artery. It's an emergency condition that can slow or block blood flow to the heart. This can lead to a heart attack, heart rhythm problems or sudden death.

Sudden cardiac death (SCD) occurs when the heart malfunctions and unexpectedly and suddenly stops beating due to electrical impulse problems. Myocardial infarction increases the risk of SCD. Conditions associated with SCD include arrhythmogenic right ventricular dysplasia

(ARVD), long QT syndrome, hypertrophic obstructive cardiomyopathy (HOCM) or Brugada syndrome.

Synergy between percutaneous coronary intervention (PCI) with TAXUS and cardiac surgery (SYNTAX) score is a tool used for angiographic risk stratification in patients undergoing PCI, particularly in those with complex coronary artery disease. The SYNTAX score incorporates 11 angiographic variables that assess lesion location and characteristics to evaluate the complexity of coronary artery disease. It is used to risk-stratify patients and guide decision-making between PCI and coronary artery bypass grafting (CABG). A higher SYNTAX score indicates a more complex coronary artery disease, which may suggest a preference for CABG over PCI. The score is also used to predict long-term outcomes like mortality, stroke, and revascularization needs. The Syntax Score tool may be found at: http://www.syntaxscore.org

Thrombolysis in myocardial infarction (TIMI) risk score for unstable angina (UA) and non ST-elevation MI (NSTEMI) estimates mortality for unstable angina and non-ST elevation MI. TIMI score less than 2 is low risk, 2-4 intermediate, and 5-7 high risk. TIMI risk tool may be found at: https://www.ncbi.nlm.nih.gov/books/NBK556069/

Transcatheter Mitral Valve Repair (TMVR) is an alternative to open surgical therapy for moderate-severe or severe (3+ or 4+) mitral regurgitation (MR).

Transcatheter aortic valve replacement (TAVR), also known as transcatheter aortic valve implantation (TAVI), is a minimally invasive catheter-based procedure to replace a narrowed aortic valve that fails to open properly (aortic valve stenosis). A bioprosthetic valve is inserted percutaneously using a catheter and implanted in the orifice of the aortic valve.

Ventricular fibrillation (VF) also called V-fib, is a serious cardiac rhythm disorder in which disordered electrical activity causes the heart's lower chambers (ventricles) to quiver or fibrillate, instead of contracting (beating) normally. This prohibits the heart from pumping blood, causing collapse and cardiac arrest. This type of arrhythmia is a life-threatening medical emergency.

PCI References

[1] Lawton, J.S., Tamis-Holland, J.E., . . . Zwischenberger, B.A. (2022). 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization. *Journal of the American College of Cardiology, 79*(2), e21-e129.

[2] Neumann, F.-J., Sousa-Uva, M., . . . Zembala, M.O. (2019). 2018 ESC/EACTS Guidelines on myocardial revascularization. *European Heart Journal, 40*(2), 87–165.

[3] Otto, C.M., Nishimura, R.A., . . . Toly, C.. (2021). 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *JACC (Journal of the American College of Cardiology), 77*(4), e25-e197.

[4] Patel, M. R., Calhoon, J. H., . . . Smith, P. K. (2017). ACC/AATS/AHA/ASE/ASNC/SCAI/ SCCT/STS 2016 Appropriate Use Criteria for Coronary Revascularization in Patients With Acute Coronary Syndromes. *Journal of the American College of Cardiology, 69*(5), 570-591.

[5] Patel, M. R., Calhoon, J. H., . . . Smith, P. K. (2017). ACC/AATS/AHA/ASE/ASNC/SCAI/ SCCT/STS 2017 Appropriate Use Criteria for Coronary Revascularization in Patients With Stable Ischemic Heart Disease. *Journal of the American College of Cardiology, 69*(17), 2212-2241.

Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.
CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.
In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356 11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394 11395 11396 11565