

CHAPTER 1
SECTION 18.2

PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY

Issue Date: September 12, 1986

Authority: [32 CFR 199.4\(a\)\(1\)](#), [\(b\)\(2\)](#), and [\(c\)\(2\)](#)

I. PROCEDURE CODE RANGE

92982 Percutaneous transluminal coronary angioplasty; single vessel.

92984 Each additional vessel.

II. DESCRIPTION

Percutaneous transluminal coronary angioplasty (PTCA) is an angiographic technique used to improve myocardial blood flow by dilating focal atherosclerotic stenoses in coronary arteries.

III. POLICY

A. Effective March 19, 1983, PTCA, with or without placement of an intravascular stent, is covered for treatment of stenotic lesions of one or more coronary arteries for patients for whom the likely alternative is coronary bypass surgery, and who have the following characteristic:

1. Angina refractory to optimal medical management
2. Objective evidence of myocardial ischemia
3. Lesions amenable to angioplasty

B. PTCA, with or without placement of an intravascular stent, is covered for treatment of occlusions of the superior vena cava.

C. PTCA, with or without placement of an intravascular stent, for other conditions may be considered for cost-sharing when determined to be medically necessary and generally acceptable medical practice.

D. See [Chapter 4, Section 2.6](#) for information concerning percutaneous transluminal angioplasty (35450-35460, 35470-35476, 75962-75968).

E. See [Chapter 13, Section 3.7A](#), regarding policy when assistant surgeons are used for this procedure.

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

IV. POLICY CONSIDERATIONS

A. Guidelines published by the American College of Cardiology and the American Heart Association for the Early Management of Patients with Acute Myocardial Infarction may be utilized during the post-payment review process to ensure medical necessity and appropriateness of care.

B. Because of the retroactive effective dates 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 billed as a separate procedure and when billed in conjunction with PTCA, until a CMAC can be developed or a CPT code is assigned.

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