

Percutaneous Transluminal Coronary Lithotripsy, Surgical 132

Table of Content
Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

<u>Effective Date</u>	8/2022
<u>Next Review Date</u>	9/2025
<u>Coverage Policy</u>	Surgical 132
<u>Version</u>	3

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details *.

Purpose:

This policy addresses the medical necessity of Coronary lithotripsy.

Description & Definitions:

Percutaneous transluminal coronary lithotripsy uses pulsed sonic waves to break-up intravascular calcified blood vessels.

Criteria:

Percutaneous Transluminal Coronary Lithotripsy is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

Reviewed Dates:

- 2024: September – no changes references updated
- 2023: September

Effective Date:

- August 2022

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients with Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. (2023, 7). Retrieved 9 2024, from American Heart Association (AHA): <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001168>

28th Edition. (2024). Retrieved 9 2024, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

(2024). Retrieved 9 2024, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?hcpcsOption=code&hcpcsStartCode=92972&hcpcsEndCode=92972&sortBy=title&areald=all&docType=6,3,5,1,F,P&contractOption=all>

(2024). Retrieved 2024, from DMAS: <https://www.dmas.virginia.gov/#/index>

Intravascular Lithotripsy (IVL) System with C2 Coronary IVL Catheter (Shockwave Medical Inc.) for Calcified Coronary Lesions - Annual Review: Jul 16, 2024. (2024). Retrieved 9 2024, from Hayes: <https://evidence.hayesinc.com/report/eer.lithotripsy5006>

Intravascular lithotripsy for calcified coronary arteries during percutaneous coronary intervention Interventional procedures guidance [IPG673]Published: 24 June 2020. (2020, 6). Retrieved 9 2024, from NICE: <https://www.nice.org.uk/guidance/ipg673/chapter/1-Recommendations>

Specialized revascularization devices in the management of coronary heart disease. (2024, 8). Retrieved 9 2024, from UpToDate: https://www.uptodate.com/contents/specialized-revascularization-devices-in-the-management-of-coronary-heart-disease?search=Coronary%20Lithotripsy§ionRank=1&usage_type=default&anchor=H417133277&source=machineLearning&selectedTitle=1%7E150&display_rank=

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We

sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Percutaneous Transluminal Coronary Lithotripsy, Coronary lithotripsy, pulsed sonic waves, intravascular calcium, Surgical 132, Shockwave Intravascular Lithotripsy (IVL) System