

## Intracoronary (or Intravascular) Brachytherapy

MPM 9.7

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### Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this medical policy.

### Description

Percutaneous transluminal coronary angioplasty (PCTA) is successfully used to treat coronary artery disease. However, restenosis develops in 30% to 50% of cases. Coronary stents, often implanted at the time of the angioplasty, have reduced the restenosis rate, but in-stent restenosis occurs in a significant number of patients. Intracoronary brachytherapy will prevent or reduce in-stent restenosis by delivering a controlled dose of radiation to the target arterial lesion. Intracoronary brachytherapy is used with bare metal stents only, not with the drug-eluting stents.

### Coverage Determination

**Benefit Certification is not required. However, all claims are subject to retrospective review.**

Per Milliman Care Guidelines, brachytherapy is indicated for **coronary artery disease** and **ALL** of the following:

- Status post PCTA with stent placement
- Symptomatic or angiographically significant non-thrombotic in-stent stenosis.

This technology has been reviewed and approved by the Technology Assessment Committee and the Medical Policy Committee (formerly known as the Benefit Interpretation Committee).

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**Coding**

**The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.**

<b>CPT Codes</b>	<b>Description</b>
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method, single vessel
92982	Percutaneous transluminal coronary balloon angioplasty, single vessel
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty, single vessel
93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass grafts for coronary angiography without concomitant left heart catheterization

<b>HCPCS® Codes</b>	<b>Description</b>
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
G0290	Transcatheter placement of a drug eluting intracoronary stent(s) percutane with or without other therapeutic intervention, any method; single vessel
G0291	Transcatheter placement of a drug eluting intracoronary stent(s) percutane with or without other therapeutic intervention, any method; each additional vessel

<b>ICD-9® Diagnosis Codes</b>	<b>Description</b>
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft
414.01	Coronary atherosclerosis of native coronary artery
414.02	Coronary atherosclerosis of autologous vein bypass graft
414.03	Coronary atherosclerosis of non-autologous biological bypass graft
414.04	Coronary atherosclerosis of artery bypass graft
414.05	Coronary atherosclerosis of unspecified type of bypass graft

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC120804]

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- References:**
1. Hayes Directory. Copyright © 2000 Winifred S. Hayes, Inc. Intracoronary Radiation Therapy. 11-22-00, last updated 6-11-06.
  2. Milliman Care Guidelines®, Ambulatory Care, 12<sup>th</sup> Edition. Brachytherapy (Radiation and Radiotherapy). ACG: A-0419 (AC). Last Update 2-11-08.

**Approval Signatures:**      **Clinical Quality Committee:** Mark Whitaker, MD

**Medical Director:** Al Rizzoli, MD

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01-28-09: Transitioned to Medical Policy  
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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available online at:

<http://www.phs.org/resources/documents/HLTHCRIT.pdf>.

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