Intracoronary (or Intravascular) Brachytherapy

MPM 9.7

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
Prior Authorization is not required. However, all claims are subject to retrospective review.

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG criteria (formerly Milliman) Criteria #A-0419 AC. Due to contractual restrictions, non contracted providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:
Clinical Quality Committee: Ron Parton MD
Medical Director: Norman White MD

Date: 01-29-14

Publication History:
09-01-01: Original effective date of Benefit/Technology Alert
01-28-09: Transitioned to Medical Policy
01-19-11: Biennial Review
01-11-13: Biennial Review
01-29-14: Presbyterian policy for this retired
01-29-14: Presbyterian now uses MCG criteria A-0419-AC
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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.