Cardiovascular Diagnostic and Therapeutic Procedures

Policy Number: MCS013.09
Approval Date: September 13, 2023

Coverage Guidelines

Cardiovascular diagnostic and therapeutic procedures are covered when Medicare coverage criteria are met.

Electrocardiographic (EKG) Services

EKG services, including electrocardiogram ambulatory electrocardiography (AECG) (Holter monitor or real-time EKG), cardiac event monitor or event recorders are covered when specific criteria are met. Refer to the NCD for Electrocardiographic Services (20.15).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/search.aspx.

Note: Where the NCD or LCDs/LCAs is unclear or silent on coverage criteria for implantable loop recorders (CPT code 33285 and HCPCS code E0616), refer to the UnitedHealthcare Commercial Medical Policy titled Cardiac Event Monitoring for clinical coverage guidance.
(Accessed August 15, 2023)

Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)

Refer to the Coverage Summary for Radiologic Diagnostic Procedures.

Computerized Tomography (CT Scan)

Refer to the Coverage Summary for Radiologic Diagnostic Procedures.

Arterial Compliance Testing, Using Waveform Analysis (CPT Code 93050)

Medicare does not have a National Coverage Determination (NCD) for arterial compliance testing, using waveform analysis. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.
For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cardiovascular Disease Risk Tests.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed August 15, 2023)

Lower Extremity Stenting, Atherectomy and/or Angioplasty (CPT Codes 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, and 37231)
Medicare does not have a National Coverage Determination (NCD) for lower extremity endovascular interventions. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Lower Extremity Endovascular Interventions.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Lower Extremity Endovascular Procedures.

Note: After checking the Lower Extremity Endovascular Interventions table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed August 15, 2023)

Catheter Ablation
Treatment of Atrial Fibrillation (CPT codes 93653 and 93656)
Medicare does not have a National Coverage Determination (NCD) for catheter ablation for treatment of atrial fibrillation. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Catheter Ablation for Atrial Fibrillation.

Click here to view the InterQual® criteria.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed August 15, 2023)

Supporting Information

<table>
<thead>
<tr>
<th>LCD/LCA ID</th>
<th>LCD/LCA Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
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<td>L35998 (A57590)</td>
<td>Non-Coronary Vascular Stents</td>
<td>Part A and B MAC</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
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Policy History/Revision Information

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| 09/13/2023 | Template Update
● Updated Instructions for Use
Coverage Guidelines
● Removed content/language addressing the treatment of supraventricular tachycardia (SVT) (CPT code 93655) |
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<td></td>
<td><strong>Lower Extremity Stenting, Atherectomy and/or Angioplasty (CPT Codes 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, and 37231)</strong></td>
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<td>● Added coverage guidelines for atherectomy and/or angioplasty (relocated from the section previously titled <em>Lower Extremity Atherectomy and/or Angioplasty</em>)</td>
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<td>○ Modified content heading</td>
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<td>○ Updated list of applicable CPT codes; added 37220, 37224, 37225, 37228, and 37229</td>
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<td>● Archived previous policy version MCS013.08</td>
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**Instructions for Use**

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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