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1.0 Description of the Procedure, Product, or Service

Intravascular ultrasound (IVUS) is a procedure that uses high frequency sound waves to acquire three dimensional images from the inside of blood vessels. A miniaturized ultrasound transducer is mounted on the tip of a catheter and inserted directly into the arterial or venous vasculature. Images are produced that can be used to determine the extent and composition of atherosclerotic lesions in coronary and peripheral vessels and to measure the burden of non-occlusive atherosclerosis prior to clinical events. As applied to intracoronary imaging, IVUS is used as an adjunct to angioplasty, atherectomy, or placement of a stent.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Intravascular ultrasound imaging (IVUS) is covered under the NC Health Choice Program when it is determined to be medically necessary because the following medical criteria are met.

- a. The 2005 American College of Cardiology/American Heart Association Task Force on Practice Guidelines for Percutaneous Coronary Interventions (PCI) states that IVUS is reasonable for the following:
 1. Assessment of the adequacy of deployment of coronary stents, including the extent of stent apposition and determination of the minimum luminal diameter within the stent
 2. Determination of the mechanism of stent re-stenosis and to enable selection of appropriate therapy

3. Evaluation of coronary obstruction at a location difficult to image by angiography in a recipient with a suspected flow-limiting stenosis
 4. Assessment of a suboptimal angiographic result following PCI
 5. Establishment of the presence and distribution of coronary calcium in recipients for whom adjunctive rotational atherectomy is contemplated
 6. Determination of plaque location and circumferential distribution for guidance of directional coronary atherectomy
- b. IVUS may be considered for the following:
1. Determination of the extent of atherosclerosis in recipients with characteristic anginal symptoms and a positive functional study with no focal stenoses or mild coronary artery disease (CAD) on angiography
 2. Pre-interventional assessment of lesional characteristics and vessel dimensions as a means to select an optimal revascularization device
 3. Diagnosis of coronary disease after cardiac transplantation.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Intravascular Ultrasound Imaging (IVUS) is not covered in the following situations:

- a. When the criteria in **Subsection 3.2** are not met.
- b. Intravascular ultrasound imaging of any artery other than coronary is considered investigational.
- c. IVUS is not recommended when the angiographic diagnosis is clear and no interventional treatment is planned.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for intravascular ultrasound imaging (IVUS).

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
September 30, 2011	Throughout	Policy Date of Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Codes			
+37250	+37251	+92978	+92979

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.