

CHAMPVA POLICY MANUAL

CHAPTER 2
SECTION 4.10
TITLE: PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY
(PTCA)

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(a)(1), (c)(2)(i), and (e)(18)(i)(D)

I. EFFECTIVE DATE(S)

- A. September 12, 1986
- B. Effective January 31, 1992, for AIS Excimer Laser Angioplasty System
- C. Effective March 19, 1993, for PTCA with or without placement of an intravascular stent

II. PROCEDURE CODE(S)

92982 and 92984

III. DESCRIPTION

Percutaneous transluminal coronary angioplasty (PTCA) is an angiographic technique used to improve myocardial blood flow by dilating focal atherosclerotic stenosis in coronary arteries.

IV. POLICY

A. PTCA is covered for treatment of stenotic lesions of one or more coronary arteries when the likely alternative is coronary bypass surgery. For coverage there must be at least one of the following characteristics:

- 1. angina refractory to optimal medical management,
- 2. objective evidence of myocardial ischemia, or
- 3. lesions amenable to angioplasty.

B. PTCA, with or without placement of an intravascular stent, is covered for treatment of occlusions of the superior vena cava.

C. PTCA, with or without placement of an intravascular stent, for other conditions may be considered for cost sharing when determined to be medically necessary and generally acceptable medical practice.

V. POLICY CONSIDERATIONS

A. See also [Chapter 2, Section 4.6](#), *Percutaneous Transluminal Angioplasty*.

B. See also [Chapter 2, Section 29.2](#), *Assistant Surgeons*, regarding policy when assistant surgeons are used for this procedure.

C. AIS Excimer Laser Angioplasty System used separately or in conjunction with a PTCA procedure may be cost shared for treatment of occlusions of the coronary arteries with lesions greater than 20 millimeters in length.

END OF POLICY