

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.13
TITLE: **PERCUTANEOUS TRANSLUMINAL BALLOON VALVULOPLASTY**

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

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

A. Effective September 19, 1990, for percutaneous transluminal balloon valvuloplasty.

B. Effective July 28, 1994, for percutaneous **transluminal** mitral commissurotomy (PTMC).

II. PROCEDURE CODE(S)

92986, 92987, and 92990

III. DESCRIPTION

Percutaneous transluminal balloon valvuloplasty is a method of treating stenotic pulmonary, mitral, and aortic valves without open surgery. A balloon tipped catheter is passed from the femoral vein into the right atrium. From there it is threaded to the right ventricle and on to the pulmonic valve, or the atrial septum is punctured for accessing the mitral or aortic valves. When the balloon is positioned in the valve, a series of inflation-deflation cycles is required to relieve stenosis.

IV. POLICY

A. Percutaneous transluminal balloon valvuloplasty is considered eligible for coverage for pulmonic valve stenosis in patients who have an otherwise malformed valve. Patients with dysplastic valves, pulmonary atresia, or other malformations that complicate the stenosis are not candidates for this procedure.

B. Effective September 19, 1990 percutaneous transluminal balloon valvuloplasty is eligible for coverage for the palliative treatment of symptoms in aortic stenosis in patients who are not candidates for surgical treatment.

C. Percutaneous transluminal mitral commissurotomy (PTMC) is covered when medically necessary for treatment of symptoms in mitral stenosis in patients with hemodynamically significant mitral valvular stenosis resulting primarily with commissural fusion of the mitral valve cusps.

D. The balloon tipped catheter used in this procedure must be approved by the Food and Drug Administration (FDA) for the specific use (i.e., pulmonary valve, mitral, aortic valve).

V. POLICY CONSIDERATIONS

All claims for the above are subject to review for medical necessity.

END OF POLICY