



Cardio Policy:

Coronary Atherectomy

POLICY NUMBER UM CARDIO_1291	SUBJECT Coronary Atherectomy	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 05/24/16, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 12/11/19, 06/10/20, 06/09/21, 11/09/21, 08/10/22	APPROVAL DATE August 10, 2022	EFFECTIVE DATE August 26, 2022	COMMITTEE APPROVAL DATES 05/24/16, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 12/11/19, 06/10/20, 06/09/21, 11/09/21, 08/10/22
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS	APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Coronary Atherectomy.

II. DEFINITIONS

Coronary Atherectomy is a procedure that utilizes a catheter device that is inserted into coronary artery percutaneously to remove plaque from the inside of artery. Different methods are used to perform atherectomies. One method, called rotational atherectomy, involves the use of a special burr or drill on the tip of a catheter that rotates to shave the plaque into tiny pieces. Another method is directional atherectomy, a technique in which a small cutting device is pushed against the plaque to cut it away from the artery. The process can be repeated at the time the treatment is performed to remove a significant amount of disease from the artery, thus eliminating a blockage from atherosclerotic disease. Devices for directional coronary atherectomy are no longer marketed in the United States.

Appropriate Use Criteria (AUC score) for a service is one in which the expected incremental information, combined with clinical judgment, exceeds the expected negative consequences by a sufficiently wide margin for a specific indication that the procedure is generally considered acceptable care and a reasonable approach for the indication. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Surgical procedures are reviewed and approved by Physicians and Nurses only. Utilization Management staff (pharmacists, intake coordinators or any other type of lower level medical staff) cannot review or approve surgical procedures within New Century Health.

Indications for approving a request for medical necessity are:

- A. Rotational atherectomy is reasonable for fibrotic or heavily calcified lesions that might not be crossed by a balloon catheter or adequately dilated before stent implantation. **(AUC Score 5)^{1,2,3,4,5}**

Limitations:

- A. Rotational atherectomy should not be performed routinely for de novo lesions or in-stent restenosis.
- B. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note that prompted request
 - 2. Recent diagnostic coronary angiogram
- B. Primary codes appropriate for this service: 92924, 92925

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. David J. Maron, M.D., et al. Initial Invasive or Conservative Strategy for Stable Coronary Disease. N Engl J Med 2020; 382:1395-1407
2. Glenn N. Levine, MD, et al. 2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention: Executive Summary A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions. Journal of the American College of Cardiology. Dec 2011. Volume 58, No 24, Pages 2550-2583.
3. Wijns W, et al. Guidelines on myocardial revascularization. European Heart Journal. Oct 2010. Volume 31, Issue 20, Pages 2501–2555.

4. Pijls NH, et al. Percutaneous coronary intervention of functionally nonsignificant stenosis: 5-year follow-up of the DEFER Study. *Journal of the American College of Cardiology*. May 2007. Volume 49, Issue 21, Pages 2105–11.
5. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
6. NCQA UM 2022 Standards and Elements.