



UM-CDG-037 Percutaneous Coronary Intervention

Approved By:  
Director, Health Services

Effective Date:  
10/22/2025

*This Policy applies to all SECUR affiliates, associates, and subsidiaries.*

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address percutaneous coronary intervention (PCI), a technique used to dilate narrowed arteries in the heart to relieve chest pain, treat myocardial infarction (MI), and potentially enhance activity level.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

**Angiography:** injection of contrast to facilitate x-ray imaging

**Coronary Artery Angioplasty:** also known as percutaneous transluminal coronary angioplasty (PTCA), performed when the balloon inserted during angiography is inflated to enlarge the channel for blood flow in the coronary artery

**Coronary (Cardiac) Stent:** expandable mesh tube crimped on a balloon delivered to the coronary artery that is inflated to expand, scaffolding the arterial wall to improve blood flow

**Arthrorectomy:** removes plaque using a rotating shaver or laser at the catheter tip to open narrow or blocked arteries.

**Intravascular Litotripsy (IVL):** novel method that combines ultrasound mechanical pulse waves with angioplasty to treat calcified coronary lesions

**Intravascular (Endoluminal) Imaging Techniques:** adjuncts to angiography used to enhance visualization of coronary vessels or graft lesions during a diagnostic or therapeutic cardiac catheterization procedure to guide treatment decisions

**Intravascular Ultrasound:** uses ultrasound to delineate plaque morphology and distribution and provides guidance for transcatheter coronary intervention

**Optical Coherence Tomography (OCT):** uses reflection of light to obtain cross sectional detailed images of the coronary arteries

## POLICY

### Percutaneous Coronary Intervention

SECUR Health Plan will consider PCI medically necessary for the following:

1. Coronary artery diameter stenosis greater than 70% with one or more of the following:
  - Fractional flow reserve (FFR) less than or equal to 0.80, or
  - Instantaneous wave free ration (iFR) less than or equal to 0.89, or
  - Lifestyle limiting chest pain despite guideline directed medical therapy (GDMT), or
2. Coronary artery disease (CAD) treatment in conjunction with planned percutaneous valve procedure, or
3. Member with acute coronary syndrome, or
4. Member with silent ischemia, or
5. In stent restenosis as evidenced by chest pain, myocardial ischemia, and member expected to tolerate postprocedural dual antiplatelet therapy, and either
  - Greater than or equal to 70% restenosis of a non-left main coronary vessel, or
  - Greater than or equal to 50% restenosis of the left main artery, or
6. Left main coronary artery stenosis appropriate for percutaneous coronary intervention as indicated by anatomic conditions associated with low to intermediate risk of PCI procedural complications and intermediate to high likelihood of good long term outcomes and significant stenosis as indicated by one or more of the following:
  - 50% or greater luminal diameter stenosis, or
  - FFR less than or equal to 0.80, or
  - iFR less than or equal to 0.89, or
  - Lumen area less than 6 square millimeters, or
  - Lumen diameter less than 2.8 millimetersAND either of the following:
  - High surgical revascularization risk as determined by a heart team that is associated with clinical characteristics such as moderate to severe chronic obstructive pulmonary disease, or
  - Member chooses not to undergo surgical revascularization as documented in the supporting records

### **Doppler Functional Flow Reserve Studies and Intracoronary Ultrasound/Intravascular Ultrasound**

SECUR Health Plan will follow the guidance in Local Coverage Determination (LCD) L34761.

SECUR Health Plan considers coronary intravascular lithotripsy as not medically necessary.

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