POLICY STATEMENT:

I. Based upon our criteria and review of the peer-reviewed literature intravascular ultrasound has been medically proven to be effective and therefore **medically appropriate** for any of the following indications:
   A. Determination of the appropriate type of revascularization procedure to be done;
   B. Assessment of abdominal aortic aneurysm;
   C. Assessment of coronary artery stent deployment and expansion;
   D. Evaluation of subsequent stenosis after stent replacement;
   E. Evaluation of the coronary vessels for evidence of post-transplant vasculopathy; or
   F. Evaluation of vascular stents and intravascular devices.

II. Based upon our criteria and review of the peer-reviewed literature, the use of intravascular ultrasound for all other indications has not been proven to be medically effective and are therefore considered **investigational**.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES:

The Federal Employees Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Transcatheter intravascular ultrasound (IVUS) imaging is a catheter-based technique which provides real-time, high-resolution tomographic images of the lumen and arterial wall of vascular structure. The technique involves a miniaturized ultrasound transducer, mounted on the tip of a catheter, which is inserted directly into an artery or vein to produce either two-dimensional tomographic images or three-dimensional computer-assisted reconstruction of planar IVUS images.

Intravascular ultrasound is intended to image the internal lining of a vessel prior to, during, and following angioplasty, artherectomy, placement of a stent, post cardiac transplant vasculopathy, assessment of and/or placement of endovascular graft for abdominal aneurysm, and prior, during and after vascular procedures/surgeries.

RATIONALE:

IVUS is a non-invasive evidence-based procedure that can provide high quality images that can help determine if surgery is necessary, the type of surgery best suited to the individual patient, and **whether** further medical treatment in the form of lifestyle changes and medication might benefit the patient.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT:

- 37250: Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel
- 37251: each additional vessel
- 75945: Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
- 75946: each additional non coronary vessel
- 92978: Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel
- 92979: each additional vessel

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REFERENCES:


Nissen SE. Application of intravascular ultrasound to characterize coronary artery disease and assess the progression or regression of atherosclerosis. Amer J Cardiol 2002;89(4A):25B–31B.

Spence DJ. Ultrasound measurement of carotid plaque as a surrogate outcome for coronary artery disease. Amer J Cardiol 2002;89(Suppl):10B–16B.


**KEY WORDS:**
Intravascular ultrasound, IVUS.

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Intravascular Ultrasound.