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| Department: | Medical Management | Original Approval: | 08/10/2016 |
| Policy #: | MM130 | Last Approval: | 01/04/2019 |
| Title: | Cardiac Stents | | |
| Approved By: | UM Medical Subcommittee | | |

POLICY

For WA Apple Health Members:

CHPW uses the Washington State Health Care Authority Health Technology Assessment Program criteria for consideration of coverage of this procedure.

Link to Final Findings and Decision:

<https://www.hca.wa.gov/about-hca/health-technology-assessment/cardiac-stents>

For Medicare Advantage Members:

CHPW uses Medicare and Medicaid Services (CMS) Guidelines under the National Coverage Determination Manual: 20.7 (2014)) for percutaneous transluminal angioplasty with and without stent.

BACKGROUND

Topic Summary

Coronary artery disease (CAD) is the single leading cause of death for both men and women in the U.S. and is the most common form of cardiovascular disease; thus the economic and public health burden of CAD is considerable. In 2014, heart diseases were found to be the second leading cause of death in Washington state residents, following cancer. Atherosclerosis is the most common underlying cause of CAD. It is a disease process in which plaque (comprised of lipids, inflammatory cells, smooth muscle cells, and connective tissue) builds up on artery walls. Partial or complete blockage of coronary arteries can occur with plaque formation and may prevent the portions of the heart muscle from receiving blood, oxygen, and vital nutrients.

Atherosclerosis can cause blockage by two mechanisms: 1) progressive narrowing of the artery due to the plaque narrowing the vessel lumen, and 2) thrombotic occlusion of the artery, which occurs when the hard surface of a plaque tears or breaks off, exposing the inner fatty pro-thrombotic, platelet-attracting components to the site, resulting in enlargement of the blockage. Coronary atherosclerotic plaque disruption and associated intraluminal platelet-fibrin thrombus formation are responsible for the acute coronary syndromes of acute MI, unstable angina (UA), and probably for sudden death. For patients with stable CAD determined to be at high risk for coronary events, treatment may involve both medical therapy and revascularization therapy, with the goal of reducing mortality risk and/or

improving symptoms. One revascularization method is percutaneous coronary interventions (PCI) with stenting. A stent is a stainless mesh tube that can be collapsed and attached to the end of a balloon catheter. When the catheter tip is floated to an area of stenosis, the balloon is inflated to expand the stent. The balloon is then deflated and detached from the stent. The stent remains in the artery permanently to act as a physical scaffold to help keep the artery open. There are two types of stents: Bare metal stents (BMS) and Drug Eluting Stents (DES). Both stent types are designed to widen the coronary vessel and thus increase blood flow, which in turn can help relieve symptoms such as angina and shortness of breath.

Further, because coronary stenting is less invasive than CABG, a shorter recovery time is often needed. Clinical studies indicate that use of DES reduces risk of repeat revascularization compared with BMS. There are no limitations on the use of drug eluting or bare metal stents when intervention with cardiac stents is appropriate.

Primary Criteria Ranking

Safety = High

Efficacy = High

Cost = Medium

DEFINITIONS

None.

INDICATIONS/CRITERIA

For WA Apple Health Members:

<https://www.hca.wa.gov/about-hca/health-technology-assessment/cardiac-stents>

Limitations of Coverage

For members being treated for stable angina, cardiac stents are a covered benefit with conditions:

- Angina refractory to optimal medical therapy, and
- Objective evidence of myocardial ischemia

For Medicare Advantage members:

CHPW uses Medicare and Medicaid Services (CMS) Guidelines under the National Coverage Determination Manual: 20.7 (2014)) for percutaneous transluminal angioplasty with and without stent. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=201&ncdver=10&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Washington&Keyword=percutaneous%2Btransluminal%2Bangioplasty&>

[mp;KeywordLookUp=Title&KeyWordSearchType=And&bc=gAAACAAAAAAA%3d%3d](#)

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

| PRODUCT LINE | LINK TO CERTIFICATE OF COVERAGE |
|---------------------------|---|
| MEDICARE ADVANTAGE | http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides |
| WASHINGTON HEALTH PROGRAM | http://chpw.org/our-plans/apple-health/ |

Citations & References

| | |
|---------------------------|--|
| CFR | |
| WAC | |
| RCW | |
| Contract Citation | <input checked="" type="checkbox"/> WAH 11.2.9 Utilization Management General Requirements <input checked="" type="checkbox"/> IMC <input checked="" type="checkbox"/> MA |
| Other Requirements | |
| NCQA Elements | UM2 |

Revision History

| Revision Date | Revision Description | Revision Made By |
|---------------|---|-----------------------|
| 08/05/2016 | Policy created | Cyndi Stilson, RN |
| 08/08/2016 | Review and modification of links | Jane Daughenbaugh, RN |
| 08/09/2016 | Review – no changes | Victor Collymore, MD |
| 08/10/2016 | Approval | MMLT |
| 08/15/2017 | Updated link to HCA Health Technology Assessment. | Cyndi Stilson, RN |

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|------------|---|----------------|
| 08/18/2017 | Approval | MMLT |
| 01/23/18 | Removed requirement for Prior Authorization | LuAnn Chen, MD |
| 02/26/2018 | Approval | MMLT |
| 01/03/2019 | Checked links, no changes | LuAnn Chen, MD |
| 01/04/2019 | Approval | UM Committee |