Subject: Transmyocardial Laser Revascularization (TMLR)*

Effective Date: January 8, 2002

Department(s): Utilization Management

Policy: Open or thoracoscopic transmyocardial laser revascularization is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate criteria for a specific therapeutic intervention

Procedure:

A. Patients for whom TMLR is reimbursable as sole therapy for angina (CPT 33140) must meet ALL of the following criteria:

1. The New York Heart Association functional class must be III or IV.
2. Symptoms of angina must be refractory to standard medical therapy including maximum safe/and/ or tolerated doses of drugs.
3. Viable ischemic myocardium not amenable to surgical or percutaneous revascularization must be demonstrated to be the cause of angina.
4. The intervening physician must be able to document specific training in the technique of TMLR.

B. TMLR is reimbursable as an adjunct to coronary artery bypass graft surgery (CPT 33141) if there is a coronary artery that is not amenable to bypass because of severe diffuse disease or other anatomical abnormalities.

C. TMLR plus cell therapy with autologous stem cells for the treatment of ischemic heart disease is considered investigational due to lack of published evidence of effectiveness.

D. TMLR via a percutaneous route for the treatment of ischemic heart disease is considered investigational due to lack of published evidence of effectiveness.
References


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.