



# MASSACHUSETTS

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## Medical Policy

### Optical Coherence Tomography for Imaging of Coronary Arteries

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#### Policy Number: 915

BCBSA Reference Number: 2.02.29A (For Plan internal use only)

NCD/LCD: N/A

#### Related Policies

Anterior Eye Segment Optical Imaging, #084

#### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Optical coherence tomography is considered **INVESTIGATIONAL** when used as an adjunct to percutaneous coronary interventions with stenting.

Optical coherence tomography is considered **INVESTIGATIONAL** in all other situations, including but not limited to, risk stratification of intracoronary atherosclerotic plaques and follow-up evaluation of stenting.

#### Prior Authorization Information

##### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

##### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is <b>not</b> a covered service.
Commercial PPO and Indemnity	This is <b>not</b> a covered service.
Medicare HMO Blue <sup>SM</sup>	This is <b>not</b> a covered service.
Medicare PPO Blue <sup>SM</sup>	This is <b>not</b> a covered service.

#### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

## **CPT Codes**

There is no specific CPT code for this service.

## **Description**

Optical coherence tomography (OCT) is an imaging technique that uses near-infrared light to image the coronary arteries. Potential applications in cardiology include evaluating the characteristics of coronary artery plaques for the purpose of risk stratification and following coronary stenting to determine the success of the procedure.

## **Summary**

Optical coherence tomography (OCT) is an imaging technique that has some advantages over intravascular ultrasound (IVUS) for imaging coronary arteries. It has a higher resolution and provides images with greater detail for accessible structures compared to IVUS. Case series have demonstrated that OCT can be performed with a high success rate and few complications. Head-to-head comparisons of OCT and IVUS report that OCT picks up additional abnormalities that are not detected by IVUS, implying that OCT is a more sensitive test compared to IVUS.

As an adjunct to PCI, OCT may improve upon the ability to pick up abnormalities compared to IVUS, and this may lead to changes in management. However, the current evidence is limited and includes relatively small numbers of patients who have received OCT. As a result, it is not possible to determine the degree of improvement with OCT, or the clinical significance of this improvement. Therefore, the use of OCT as an adjunct to PCI is considered investigational.

For the indications of risk stratification of coronary plaques and follow-up of stenting, OCT may also be more accurate than IVUS for imaging of superficial structures. However, the clinical utility of IVUS has not been demonstrated for these indications, since test results do not lead to changes in management that improve outcomes. Therefore, clinical utility has not been demonstrated for OCT for the same reasons. As a result, OCT is considered investigational for risk stratification of coronary plaques and for follow-up post-stent implantation.

## **Policy History**

<b>Date</b>	<b>Action</b>
11/2022	Annual policy review. Policy updated with literature review through October 2022. References added. Policy statements unchanged.
2/2020	Policy updated with literature review through February 1, 2020, references added. Policy statements unchanged.
1/2017	Clarified coding information for the 2017 code changes.
3/2015	Annual policy review. New references added.
5/2014	Annual policy review. New references added.
2/2013	New policy describing non-coverage. Effective 02/04/13

## **Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

## References

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