

Medical Affairs Policy & Procedure

Title/Service: Transmyocardial Revascularization (TMR)

Revised	
Reviewed	02/22/02, 06/17/03, 05/27/05, 09/22/06, 11/16/07, 11/21/08, 12/28/09, 10/22/10, 11/18/11
Developed	
Policy Committee Approval	11/18/11

Description:

Transmyocardial revascularization is a technique that uses laser to bore holes through the myocardium of the heart in an attempt to restore perfusion to the heart in areas not being perfused by diseased or stenosed arteries. It is a late or last resort for treating severe angina in patients with ischemic heart disease that is not treatable with angioplasty, stenting or coronary bypass.

Indications of Coverage:

TMR is considered medically necessary when all of the following are documented:

Severe (Canadian Cardiovascular Society classification Classes III or IV) angina (either stable or unstable) that is refractory to standard medical therapy, including drug therapy at the maximum tolerated or maximum safe dosages

The angina symptoms are caused by areas of the heart not capable of being revascularized by direct coronary intervention (for example, angioplasty, stenting, atherectomy, or bypass)

Other acute cardiac conditions such as severe ventricular arrhythmias, decompensated congestive heart failure, or acute myocardial infarction have been stabilized (or maximal efforts have been made to stabilize the condition)

An ejection fraction of 25% or greater

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.



If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Documentation Required:

- Office notes
- Angiogram/echocardiogram/etc reports

Rationale:

This policy follows the CMS (Medicare) approved indications for TMR.

References:

1. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Transmyocardial Revascularization (TMR). NCD 20.6. Baltimore, MD. Effective date: 07/01/99. Available at: www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed: 7 Oct 10.

Approved by the Medical Director