

Angioplasty (Cardiac)

Also known as 1. Coronary angioplasty

Description Angioplasty is a procedure that uses a specialty tube (catheter) with a small balloon tip that is guided to narrowed blood vessel where the balloon is used to open the vessel. If performed on an artery of the heart, it is called a coronary angioplasty.

Non-Cardiac: For angioplasty on other areas of the body, see [Angioplasty \(Non-Cardiac\)](#).

Table of Contents The following topics are included in this document:

- [Commercial](#)
- [Government Programs](#)
- [Individual and Family Business \(IFB\)](#)

Document history The document history for the past 12 months is outlined below.

Date	Description
8.27.24	Refreshed due to age.
4.24.24	Split into two docs: <i>Angioplasty (Cardiac)</i> and <i>Angioplasty (Non-Cardiac)</i> .
4.24.24	New stand alone document.

Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)	Coverage depends on the date of service.						
	<table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 10.1.24</td><td><ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 10.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	DOS	Coverage	Prior to 10.1.24	<ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.
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Mayo Medical Plan (MMP)

Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

- Clinic POS:** Also quote office visit benefits when done in the clinic.

Medica (including MHPS)	Coverage depends on the date of service.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
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Government Programs, Continued

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Individual and Family Business (IFB)

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