

n05651

Carotid Artery Stenting - Medical Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) Utilization Management (UM) department, applies review guidelines for determinations involving medical necessity of carotid artery stenting (CAS) or percutaneous transluminal angioplasty (PTA) procedures. This policy mirrors the MCG guideline however it does not include the criteria that the operative institution and surgical provider have known complication rates less than three (3)% at 30 days post procedure in asymptomatic patients, as our staff are not able to obtain that information.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Plan or State of Wisconsin It's Your Choice Reference Guide to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. This medical policy applies to NHP/NHAS commercial lines of business

Procedure Detail:

I. Description:

- A. Carotid artery stenting (CAS) accompanied by percutaneous transluminal angioplasty (PTA) procedures are used for dilating lesions of the carotid arteries. They are an alternative for patients with carotid artery stenosis at high risk for Carotid Endarterectomy (CEA). The procedures involve inserting a balloon catheter into a narrow or occluded blood vessel to recanalize and dilate the vessel. The objective is to remove atherosclerotic plaques to improve the blood flow through the diseased segment of a vessel so that vessel patency is increased, and embolization is decreased. This is followed by deployment of a stent to prevent restenosis.

II. Medical Indications/Criteria

- A. Network Health has established carotid artery stenting (CAS) with percutaneous transluminal angioplasty (PTA) is medically necessary for the treatment of:
 - a. Carotid artery stenosis in patients at high risk for Carotid Endarterectomy (CEA) when one (1) or more of the following is present:
 - i. Individuals are at high risk for CEA and have symptomatic carotid artery stenosis $\geq 70\%$ by non-invasive imaging or greater than 50% by catheter angiography **OR**
 - ii. Individuals who are at high risk for CEA and have symptomatic

carotid artery stenosis between 50% and 70% by non-invasive imaging **OR**

1. The procedure is performed using an FDA-approved carotid artery stenting system or FDA-approved or cleared embolic protection device.
- iii. Patients who are at high risk for CEA and have asymptomatic carotid artery stenosis $\geq 80\%$ by non-invasive imaging
 1. The procedure is performed using an FDA-approved carotid artery stenting system or FDA-approved or cleared embolic protection device.
- B. Clinical documentation that an individual is at high risk for Carotid Endarterectomy (CEA), including the patient's symptoms of carotid artery stenosis, must be available in the patient medical records prior to performing any procedure.
- C. High risk for Carotid Endarterectomy may include **one (1) or more** of the following:
 - i. Congestive heart failure (CHF) class III/IV;
 - ii. Left ventricular ejection fraction (LVEF) $< 30\%$;
 - iii. Contralateral laryngeal nerve palsy;
 - iv. Coronary artery bypass surgery needed within 6 weeks;
 - v. Tracheostomy;
 - vi. Previous CEA with recurrent stenosis;
 - vii. Recent myocardial infarction within the last 4 weeks but > 24 hours ago;
 - viii. Unstable angina;
 - ix. Contralateral carotid artery occlusion;
 - x. Prior radiation treatment to the neck or radical neck dissection;
 - xi. Restenosis after previous carotid endarterectomy;
 - xii. Severe COPD (i.e. FEV1 $< 50\%$ predicted)
- D. Symptomatic carotid artery stenosis includes one (1) or more of the following:
 - a. Nondisabling stroke (Modified Rankin scale < 3)
 - b. Transient ischemic attack (focal neurologic dysfunction that does not result in permanent deficit or infarction)
 - c. Transient monocular blindness (i.e. amaurosis fugax)

III. Coverage:

- A. NHP/NHIC/NHAS may extend coverage for carotid artery stenting procedures performed using an FDA-approved CAS, stents and FDA-approved or -cleared embolic protection devices.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.
- C. The determination that a patient is at high risk for CEA and the patient's symptoms of carotid artery stenosis must be documented and available within the patient's medical record prior to performing any procedure.

IV. Limitations/Exclusions:

- A. Network Health considers carotid artery stenting not medically necessary for any other indication not meeting the criteria outlined above.
- B. The use of an FDA-approved or cleared embolic protection device is required.
- C. Individuals who have had a disabling stroke (modified Rankin scale ≥ 3) shall be excluded from coverage.

V. References:

- A. MCG Inpatient & Surgical Care 25th Edition Guidelines, Carotid Artery Stenting ORG: S-1330 (ISC)
B. National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty (PTA) (20.7)

Regulatory Citations:

UM 2

Related Policies:

Related Documents:

National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty (PTA) (20.7)

CPT Codes:*

37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37799	Unlisted Procedure, vascular surgery
*CPT codes are subject to change as codes are retired or new ones developed	

Origination Date: 06/18/2019	Approval Date: 06/16/2021	Next Review Date: 07/01/2022
Regulatory Body: NCQA	Approving Committee: Medical Policy Committee	Policy Entity: NHP/NHAS
Policy Owner: Mary Wolff	Department of Ownership: Utilization Management	Revision Number: 3
Revision Reason: 06/20/2019- new policy 06/17/2020 -minor grammar & formatting updates. Removal of related policy n05590 Carotid Endarterectomy 06/16/2021-minor grammar & formatting updates, additional of CPT codes.		

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.