02-33000-28

Original Effective Date: 03/15/03

Reviewed: 07/26/18

Revised: 08/15/18

Subject: Extracranial Carotid Angioplasty/Stenting

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Combined with optimal medical management, carotid angioplasty with or without stenting has been evaluated as an alternative to carotid endarterectomy (CEA). Carotid artery stenting (CAS) involves the introduction of coaxial systems of catheters, microcatheters, balloons, and other devices. The procedure is most often performed through the femoral artery, but a transcervical approach can also be used to avoid traversing the aortic arch. The procedure typically takes 20 to 40 minutes. Interventionalists almost uniformly use an embolic protection device (EPD) to reduce the risk of stroke caused by thromboembolic material dislodged during CAS. EPDs can be deployed proximally (with flow reversal) or distally (using a filter). Carotid angioplasty is rarely performed without stent placement.

The proposed advantages of CAS over CEA include:

- General anesthesia is not used (although CEA can be performed under local or regional anesthesia)
- Cranial nerve palsies are infrequent sequelae (although almost all following CEA resolve over time)
- Simultaneous procedures may be performed on the coronary and carotid arteries.

Multiple CAS and EPDs have been approved by the U.S. Food and Drug Administration (FDA) through the premarket approval or the 510(k) process.

POSITION STATEMENT:

Carotid angioplasty with associated stenting and embolic protection **meets the definition of medical necessity** when **ALL** of the following criteria are met:

- 50% to 99% stenosis; **AND**

- Symptoms of focal cerebral ischemia (transient ischemic attack or monocular blindness) in previous 120 days, symptom duration less than 24 hours, or nondisabling stroke; **AND**
- Anatomic contraindication for carotid endarterectomy (such as prior radiotherapy or neck surgery, lesions surgically inaccessible, spinal immobility, or tracheostomy).

Carotid angioplasty with associated stenting and embolic protection is considered **experimental or investigational** for all other indications, including but not limited to, members with carotid stenosis who are suitable candidates for carotid endarterectomy or members with carotid artery dissection. There is insufficient clinical evidence to permit conclusions on net health outcomes.

Carotid angioplasty without associated stenting and embolic protection is considered **experimental or investigational** for all indications, including but not limited to, members with carotid stenosis who are suitable candidates for carotid endarterectomy or members with carotid artery dissection. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

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
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

ICD-10 Diagnosis Codes That Support Medical Necessity:

I65.21 – I65.29	Occlusion and stenosis of carotid artery

REIMBURSEMENT INFORMATION:

CPT codes 37215 and 37216 include all ipsilateral selective carotid catherization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation.

CPT code 37217 indicates the procedure is performed trancervically or by retrograde approach, but is considered carotid stenting.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Percutaneous Transluminal Angioplasty (20.7) located at cms.gov.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms) and Extracranial Vertebral Artery Disease, 02-61000-35

OTHER:

None applicable.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 07/26/18.

GUIDELINE UPDATE INFORMATION:

03/15/03	New Medical Coverage Guideline.
03/15/04	Review and revision; consisting of updated references.
01/01/05	Annual HCPCS update; consisting of deletion of 0005T, 0006T and 0007T and addition of 0075T, 0076T, 37215 and 37216.
05/15/05	Review and revision; consisting of updated references and MCG name change.
03/15/06	Review and revision; consisting of updated references and addition of coverage criteria.
08/15/07	Review and revision; consisting of updated references and reformatted guideline.
05/15/09	Biennial review: MCG title, description section, position statement, reimbursement information and updated references.
05/15/11	Biennial review; position statement maintained, formatting changes, references updated.
05/15/14	Revision; position statement, description and coding section, guideline title, and

	references updated; formatting changes.
01/01/15	Annual HCPCS update. Added code 37218; revised codes 37215-37217, 0075T-0076T.
04/15/15	Review; position statements maintained; coding (codes 0075T-0076T removed) and references updated.
07/15/17	Revision; position statements and references updated; formatting changes.
08/15/18	Revision; position maintained; description, coding, and references updated.