

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Carotid Artery Stenting to Treat Carotid Artery Stenosis-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

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| Effective Date: | 12/1/2008 | Policy Last Updated: | 4/5/11 |
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Located on the right and left sides of the neck, the carotid arteries allow blood to travel to the brain. Carotid artery disease is caused by a buildup of plaque on the walls of the arteries. In time, a stroke could occur if the arteries become so severely narrowed that not enough blood can get to the brain, or if a piece of atherosclerosis breaks off and travels with the blood to the brain.

Carotid Endarterectomy

A carotid endarterectomy (an incision is made on the front of the neck to open the carotid artery) is the surgical treatment most often used for carotid artery disease. The atherosclerosis is removed, and the artery repaired with a graft or sutures. Patients are normally discharged within 48 hours of surgery.

For some patients, surgical repair may not be a viable option due to location of stenosis or overall health status, e.g., those who have severe heart or lung disease, who have had neck operations or radiation for neck tumors, and/or those who have already had carotid endarterectomies. For those patients, carotid artery stenting has been investigated as an alternative treatment.

Carotid Artery Stenting

A balloon is attached to a catheter and an incision is made in the groin artery. The catheter is threaded through the arteries until the narrowed carotid artery is located. The balloon is then inflated to open the narrowed area and a metal stent is left in place to keep the artery from narrowing once again.

It is believed that there are several advantages to this procedure. Patients are given local instead of general anesthesia and are awake during the procedure. The procedure itself and the recovery time are shorter, with patients normally discharged the next day. Arteries that are difficult to reach or treat with surgery may also be treated. There are less potential side effects (surgical complications such as nerve injury, bruising, or wound infections), less discomfort, and a smaller incision. Although this device has been approved by the FDA, there is inadequate peer reviewed clinical data to evaluate the long-term effects of carotid artery stenting.

Medical Criteria:

Carotid angioplasty with associated stenting and embolic protection is considered medically necessary in patients with:

- 50% to 99% stenosis (NASCET measurement); 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 radiation treatment or neck surgery, lesions surgically inaccessible, spinal immobility, or tracheostomy).

Carotid angioplasty with or without associated stenting and embolic protection is considered **not medically necessary** for all other indications.

Prior authorization is required for BlueCHIP for Medicare and BlueCHIP for Rlte Care members, and recommended for all other members.

Coverage is limited to these procedures using FDA-approved carotid artery stenting systems and embolic protection devices. **It is not covered if deployment of the distal embolic protection device is not technically possible.** Coverage is limited to CMS approved facilities. A list of certified facilities may be found at the following website: <http://www.cms.hhs.gov/MedicareApprovedFacilitie/CASF/list.asp>.

Policy:

Carotid artery stenting to treat carotid artery stenosis is covered for when the above criteria is met. Carotid artery stenting to treat carotid artery stenosis is considered not medically necessary for all other conditions.

Prior authorization is required for BlueCHIP for Medicare and BlueCHIP for Rlte Care members, and recommended for all other members.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet, or Rlte Care Contract for applicable surgical coverage/benefits.

Coding:

The following codes are **medically necessary** when the above medical criteria is met:

37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

The following codes are **not medically necessary**:

37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection

0075T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel

0076T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel

Also known as:

Not applicable

Related topics:

Not applicable

Published:

Policy Update, Jun 2006

Policy Update, Oct 2007

Provider Update, Sep 2008

Provider Update, Jun 2009

Provider Update, Jun 2010

Provider Update, May 2011

References:

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