

## Medical Coverage Policy | Carotid Angioplasty/Stenting Without Embolic Protection



**EFFECTIVE DATE:** 12/01/2014  
**POLICY LAST UPDATED:** 11/18/2014

### OVERVIEW

Carotid artery angioplasty with stenting (CAS) is a treatment for carotid stenosis that is intended to prevent future stroke. It is an alternative to medical therapy and a less-invasive alternative to carotid endarterectomy (CEA).

### PRIOR AUTHORIZATION

Not Applicable

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

Carotid angioplasty without embolic protection is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective.

### MEDICAL CRITERIA

None

### BACKGROUND

Carotid artery angioplasty with stenting (CAS) is a treatment for carotid stenosis that is intended to prevent future stroke. It is an alternative to medical therapy and a less-invasive alternative to carotid endarterectomy (CEA).

Combined with optimal medical management, carotid angioplasty with or without stenting has been evaluated as an alternative to carotid endarterectomy (CEA). Carotid angioplasty and 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 20–40 minutes. Interventionalists almost uniformly use an embolic protection device (EPD) designed to reduce the risk of stroke caused by thromboembolic material dislodged during CAS. Embolic protection devices can be deployed proximally (with flow reversal) or distally (using a filter). Carotid angioplasty rarely is performed without stent placement.

Proposed advantages of CAS over CEA include:

- General anesthesia is not used (although CEA can be performed under local/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

The U.S. Food and Drug Administration (FDA) has approved carotid artery stents and EPDs from various manufacturers. Each FDA-approved carotid stent is indicated for combined use with an EPD to reduce risk of stroke in patients considered to be at increased risk for periprocedural complications from CEA who are symptomatic with greater than 50% stenosis, or asymptomatic with greater than 80% stenosis—degree of

stenosis being assessed by ultrasound or angiogram with computed tomography (CT) angiography also sometimes used. Patients are considered at increased risk for complications during CEA if affected by any item from a list of anatomic features and comorbid conditions included in each stent system's Information for Prescribers.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage/benefits.

## CODING

### BlueCHiP for Medicare and Commercial

The following code is not medically necessary:

**37216**

## RELATED POLICIES

Preauthorization via Web-Based tool for Procedures

## PUBLISHED

Provider Update Jan 2015  
Provider Update Sep 2013  
Provider Update Dec 2012  
Provider Update May 2011  
Provider Update Jun 2010  
Provider Update Jun 2009  
Provider Update Sep 2008  
Provider Update Oct 2007

## REFERENCES

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