



Carotid Artery Stenting

I. Policy

University Health Alliance (UHA) will reimburse for carotid artery angioplasty with stenting (CAS) in patients with carotid stenosis when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

UHA recognizes that interventionalists almost uniformly use a distally placed embolic protection device (EPD) to reduce the risk of stroke caused by thromboembolic material dislodged during CAS.

II. Criteria/Guidelines

- A. Carotid angioplasty with associated stenting and embolic protection is covered (subject to Limitations/Exclusions and Administrative Guidelines) for patients with:
1. ≥ 50 percent carotid stenosis (North American Symptomatic Carotid Endarterectomy Trial [NASCET] measurement); AND
 2. Symptoms of focal cerebral ischemia (transient ischemic attack or monocular blindness) in the previous 120 days, symptom duration less than 24 hours, or nondisabling stroke; AND
 3. Anatomic contraindication for carotid endarterectomy (CEA) such as prior radiation treatment or neck surgery, lesions surgically inaccessible, spinal immobility, or tracheostomy.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. Carotid angioplasty with or without associated stenting and embolic protection is not covered for all other indications including, but not limited to, patients with carotid stenosis who are surgical candidates for CEA and patients with carotid artery dissection.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. The following documentation must be kept in the patient's medical records and be made available to UHA upon request:
1. Clinical notes documenting the patient's symptoms of carotid artery stenosis and any high risk conditions for CEA.

2. Imaging studies documenting the degree of carotid stenosis as measured by a duplex Doppler ultrasound or carotid artery angiography.

CPT Code	Description
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
37217	Transcatheter placement of 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
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

Code that does not meet payment determination criteria:

CPT Code	Description
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

V. Policy History

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