Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP150

Section: Medical Benefit Policy

Subject: Carotid Artery Stent

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Carotid Artery Stent

II. Purpose/Objective:
To provide a policy of coverage regarding Carotid Artery Stent

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Carotid stents are positioned at the site of carotid stenotic or occlusive lesions to enhance primary patency following percutaneous transluminal angioplasty.

INDICATIONS:
Coverage is limited to the use of FDA approved carotid stents for FDA approved indications when the following criteria are met:

- Documented evidence of a reference vessel diameter within the range of 4.0mm and 9.0mm; **and one of the following:**
    - Member is at high risk* for carotid endarterectomy (CEA) with one of the following:
        - symptomatic (e.g., transient ischemic attack or monocular blindness) carotid stenosis greater than 50% or more by angiogram or 70% or more by ultrasound; **or**
        - asymptomatic carotid artery stenosis of 60% or more by angiogram or 70% or more by ultrasound

          and
        - anatomic contraindication for carotid endarterectomy (e.g., prior radiotherapy or neck surgery, surgically inaccessible lesions, spinal immobility, or tracheostomy).

          or
    - Members who are at high risk for CEA and have asymptomatic carotid artery stenosis ≥ 80%, in accordance with the Category B IDE clinical trials regulation (42 CFR 405.201)

*CMS defines high risk as those "having significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection), and who would be poor candidates for CEA in the opinion of a surgeon". Significant comorbid conditions include but are not limited to:

•congestive heart failure (CHF) class III/IV;
•left ventricular ejection fraction (LVEF) < 30%;
•unstable angina;
•contralateral carotid occlusion;
•recent myocardial infarction (MI);
•previous CEA with recurrent stenosis ;
•prior radiation treatment to the neck; and
•other conditions that were used to determine patients at high risk for CEA in the prior carotid artery stenting trials and studies, such as ARCHER, CABERNET, SAPPHIRE, BEACH, and MAVERIC II.

Centers for Medicare and Medicaid Services Decision Memo for Carotid Artery Stenting (CAG-00085R0

EXCLUSIONS: Carotid artery stenting will be limited to the placement of an FDA-approved carotid stent for an FDA – approved indication when furnished in accordance with FDA- approved protocols governing post-approval studies. Placement of carotid stents not meeting these requirements is considered **experimental**, **investigational or unproven** and is **NOT COVERED.**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Carotid Artery Stent
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

37215 transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216 transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37217 transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure including angioplasty, when performed, and radiological supervision
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
37236 transcatheter placement of an intravascular stent(s)(except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation
37237 transcatheter placement of an intravascular stent(s)(except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation
37238 trancatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239 transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed, each additional vein
0075T transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiological supervision and interpretation, percutaneous; initial vessel
0076T transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiological supervision and interpretation, percutaneous; each additional vessel

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/05

Revised: 3/05 (CMS expanded criteria): 3/06 (Provider Criteria expanded); 5/07; 2/11(removal of PA). 4/17 (clarified criteria); 4/18 (add CMS criteria); 4/24 (expand criteria)

Reviewed: 5/08, 5/09, 5/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16, 4/19, 4/20, 4/21, 4/22, 4/23

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