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).

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHIP for Medicare
Carotid angioplasty without associated stenting and embolic protection is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products
Carotid angioplasty without associated stenting and embolic protection is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND
Carotid artery angioplasty with stenting 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.

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 20–40 minutes. Interventionalists almost uniformly use an embolic protection device (EPD) designed to reduce the risk of stroke caused by thromboembolic material dislodged during CAS. EPDs can be deployed proximally (with flow reversal) or distally (using a filter). Carotid angioplasty is rarely 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
A number of carotid artery stents and embolic protection devices (EPDs) have been approved by the U.S. Food and Drug Administration (FDA) through the premarket approval or the 510(k) process.

Each FDA-approved carotid stent is indicated for combined use with an EPD to reduce risk of stroke in patients considered at increased risk for periprocedural complications from carotid endarterectomy (CEA) who are symptomatic with greater than 50% stenosis, or asymptomatic with greater than 80% stenosis with degree of stenosis assessed by ultrasound or angiogram, with computed tomography angiography also 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.

The RX Acculink™ Carotid Stent System is also approved for use in conventional risk patients (not considered at increased risk for complications during CEA) with symptoms and 70% or more stenosis by ultrasound or 50% or more stenosis by angiogram, and asymptomatic patients with 70% or more stenosis by ultrasound or 60% or more stenosis by angiogram.

FDA-approved stents and EPDs differ in the deployment methods used once they reach the target lesion, with the rapid exchange (RX) devices designed for more rapid stent and filter expansion. FDA has mandated postmarketing studies for EPDs, including longer follow-up for patients already reported to FDA and additional registry studies, primarily to compare outcomes as a function of clinician training and facility experience. Each manufacturer’s system is available in various configurations (e.g., straight or tapered) and sizes (diameters and lengths) to match the vessel lumen that will receive the stent.

In February 2015, the ENROUTE™ Transcarotid NPS was cleared for marketing by FDA through the 510(k) process. ENROUTE™ is a flow-reversal device designed to be placed via direct carotid access.

On April 30, 2007, a decision memo reaffirmed the Centers for Medicare and Medicaid Services (CMS) previous decision following a request to expand coverage while clarifying that “CAS is only covered when used with an embolic protection device and is, therefore, not covered if deployment of the distal embolic protection device is not technically possible.” On October 14, 2008 in the sixth reconsideration, and on December 9, 2009 in the seventh reconsideration, CMS reaffirmed their prior coverage decisions.

Therefore, Carotid angioplasty without associated stenting and embolic protection is considered not covered for BlueCHiP for Medicare and not medically necessary for Commercial products as the evidence is insufficient to determine the effects of the technology on health outcomes.

**CODING**

The following code not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products:

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

**RELATED POLICIES**

Preauthorization via Web-Based tool for Procedures

**PUBLISHED**

Provider Update, Sep 2018
Provider Update, October 2017
Provider Update, January 2017
Provider Update, December 2015
Provider Update, January 2015
Provider Update, September 2013
Provider Update, December 2012
Provider Update, May 2011
REFERENCES


Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular Surgery (EVS). *Eur Heart J.* Mar 1 2018;39(9):763-816. PMID 28886620


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.