New Century Health

Cardio Policy:

Carotid Endarterectomy

POLICY NUMBER UM CARDIO_1163	**SUBJECT** Carotid Endarterectomy		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	**APPROVAL DATE** September 14, 2022	**EFFECTIVE DATE** September 30, 2022	**COMMITTEE APPROVAL DATES** 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**NCQA STANDARDS** UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Carotid Endarterectomy.

II. DEFINITIONS

Carotid endarterectomy (CEA) is a surgical procedure used to prevent stroke, by correcting stenosis (narrowing) in the common or internal carotid artery. Endarterectomy is the removal of material on the inside of an artery.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost–effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

A. Patients at an average or low surgical risk who experience non-disabling ischemic stroke or transient cerebral ischemic symptoms, including hemispheric events or amaurosis fugax, within 6 months (symptomatic patients) should undergo CEA if the diameter of the lumen of the ipsilateral internal carotid artery is reduced more than 70% as documented by noninvasive imaging or more than 50% as documented by catheter angiography and the anticipated rate of perioperative stroke or mortality is less than 6%. **(AUC Score 9)**[1,2,3]

B. It is reasonable to perform CEA in asymptomatic patients who have more than 70% stenosis of the internal carotid artery if the risk of perioperative stroke, MI, and death is low. **(AUC Score 6)**[1,2,3]

C. It is reasonable to choose CEA over Carotid Artery Stenting (CAS) when revascularization is indicated in older patients, particularly when arterial pathoanatomy is unfavorable for endovascular intervention. **(AUC Score 9)**[1,2,3]

D. When revascularization is indicated for patients with TIA or stroke and there are no contradictions to early revascularization, intervention within 2 weeks of the index event is reasonable rather than delaying surgery. **(AUC Score 9)**[1,2,3]

Limitations:

A. Except in extraordinary circumstances, carotid revascularization by CEA is not recommended when atherosclerosis narrows the lumen by less than 50%. Carotid revascularization is not recommended for patients with chronic total occlusion of the targeted carotid artery. Carotid revascularization is not recommended for patients with severe disability caused by cerebral infarction that precludes preservation of useful function.

B. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

Selection of asymptomatic patients for carotid revascularization should be guided by an assessment of comorbid conditions, life expectancy, and other individual factors and should include a thorough discussion of the risk and benefits of the procedure with an understanding of patient's preferences.

IV. PROCEDURE

A. In order to review a request for medical necessity, the following items must be submitted for review:
   1. Progress note from vascular surgeon that prompted the request
   2. Latest imaging report supporting request
   3. All non-invasive Vascular Studies performed applicable to the request

B. Primary codes appropriate for this service: 35301

C. Place/Site of Service: Inpatient hospital (21)

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

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A. None

VII. REFERENCES

1. Brott TG, et al. 2011 ASA/ACCF/AHA/AANN/AANS/ACR/ASNR/CNS/SAIP/SCAI/SIR/SNIS/SVM/SVS guideline on the management of patients with extracranial carotid and vertebral artery disease. Journal of the American College of Cardiology. Feb 2011. Volume 57, Issue 8, Pages e16-94.
2. Ralph L. Sacco, et al. Guidelines for Prevention of Stroke in Patients with Ischemic Stroke or Transient Ischemic Attack. A Statement for Healthcare Professionals from the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention: The American Academy of Neurology affirms the value of this guideline. Stroke. Feb 2006. Volume 37, Issue 2, Pages 577-617.
3. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
4. NCQA UM 2022 Standards and Elements.

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