New Century Health

Cardio Policy:

Catheter Based Carotid Artery Digital Angiography

POLICY NUMBER UM CARDIO_1169	**SUBJECT** Catheter Based Carotid Artery Digital Angiography	**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, 01/20/18, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 05/12/21, 08/11/21, 01/12/22	**APPROVAL DATE** January 12, 2022	**EFFECTIVE DATE** January 28, 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, 01/20/18, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 05/12/21, 08/11/21, 01/12/22
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 Catheter Based Carotid Artery Digital Angiography.

II. DEFINITIONS

Digital subtraction carotid artery angiography is a procedure performed in order to visualize the arterial supply to the brain and to ascertain presence of blockage in the extra cranial carotid arteries.

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. When an extra cranial source of ischemia is not identified in patients with transient retinal or hemispheric neurological symptoms of suspected ischemic origin, angiography can be useful to search for intracranial vascular disease. **(AUC Score 6)**[1,2,3]

B. When intervention for significant carotid stenosis detected by carotid duplex ultrasonography is planned, catheter-based contrast angiography can be useful to evaluate the severity of stenosis and to identify intrathoracic or intracranial vascular lesions that are not adequately assessed by duplex ultrasonography. **(AUC Score 6)**[1,2,3]

C. When noninvasive imaging is inconclusive or not feasible because of technical limitations or contraindications in patients with transient retinal or hemispheric neurological symptoms of suspected ischemic origin, or when noninvasive imaging studies yield discordant results, it is reasonable to perform catheter-based contrast angiography to detect and characterize extra cranial and/or intracranial cerebrovascular disease. **(AUC Score 5)**[1,2,3]

D. Catheter-based angiography may be necessary in some cases for definitive diagnosis or to resolve discordance between non-invasive imaging findings **(AUC Score 5)**[1,2,3]

E. Angiography may be the preferred method for evaluation of extra cranial vascular disease (ECVD) when obesity, renal dysfunction, or in dwelling ferromagnetic material renders CTA or MRA technically inadequate or impossible. **(AUC Score 4)**[1,2,3]

F. Subclavian Angiography can be performed at the time of carotid angiography if medical history is consistent with upper extremity claudication, acute or chronic arterial trauma, thoracic outlet obstruction disease, certain vasculitis, and / or subclavian steal syndrome. **(AUC Score 5)**[1,2,3]

G. Subclavian Angiography can be performed at the time of left heart diagnostic catherization if medical history strongly indicates medical necessity for CABG (Subclavian Angiography is performed to identify Internal Mammary artery anatomy prior to CABG). **(AUC Score 6)**[1,2,3]

Limitations:

A. Catheter-based angiography is unnecessary for diagnostic evaluation of most patients with extra cranial vascular disease (ECVD) and is used increasingly as a therapeutic revascularization maneuver in conjunction with stent deployment. *This procedure cannot be reported if performed at the same setting along with Carotid stenting 37215 or 37216.*

B. Carotid Angiogram when performed with Subclavian Angiography needs to be as 36225. No additional Carotid Angiogram codes needs to be reported.

C. 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.

IV. PROCEDURE

A. In order to review a request for medical necessity, the following items must be submitted for review:
   1. Progress note that prompted request
   2. Carotid duplex/CTA/MRA Carotid report

B. Primary codes appropriate for this service: 36222-36228, Subclavian Angiography- 36225, 36215, 36216, 36217, 36218, 36221, 36223, 36224, 36226, 36227

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Florida. Local Coverage Determination (LCD) (L36767). Aortography and peripheral angiography. Retrieved from https://www.cms.gov April 25th, 2019.
2. BrottTG, 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: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American Stroke Association, American Association of Neuroscience Nurses, American Association of Neurological Surgeons, American College of Radiology, American Society of Neuroradiology, Congress of Neurological Surgeons, Society of Atherosclerosis Imaging and Prevention, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of NeuroInterventional Surgery, Society for Vascular Medicine, and Society for Vascular Surgery. Journal of the American College of Cardiology. Feb 2011. Volume 57, Issue 8, Pages e16-94.
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.