



Cardio Policy:

Carotid Artery Stenting

POLICY NUMBER UM CARDIO_1171	SUBJECT Carotid Artery Stenting		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, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 11/09/21, 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, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 11/09/21, 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 Carotid Artery Stenting.

II. DEFINITIONS

Carotid stenting is a procedure that opens clogged arteries to prevent or treat stroke. The carotid arteries are located on each side of the neck and are the main arteries supplying blood to the brain. The procedure involves temporarily inserting and inflating a tiny balloon where the carotid artery is clogged to widen the artery and placement of a small metal coil called a stent in the clogged artery. The stent helps prop the artery open and decreases the chance of it narrowing again.

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. Carotid Artery Stenting (CAS) may be appropriate in symptomatic high surgical risk patients with severe stenosis >70% in whom the stenosis is difficult to access surgically, and medical conditions present greatly increase the surgical risk including presence of radiation induced stenosis or restenosis after Carotid End Arterectomy (CEA). **(AUC Score 6)^{1,2,3}**
- B. CAS is appropriate in asymptomatic patients with high surgical risk, with severe stenosis >70% when revascularization is indicated in patients with neck anatomy is unfavorable for CEA. **(AUC Score 7)^{1,2,3}**
- C. CAS is appropriate in symptomatic patients with intermediate surgical risk as an alternative to CEA when the diameter of lumen of the internal carotid artery is reduced by >70% by noninvasive imaging or >50% by catheter angiography. **(AUC Score 8)^{1,2,3}**
- D. CAS may be appropriate in asymptomatic patients with severe stenosis >70%, where neck anatomy is unfavorable for CEA. **(AUC Score 6)^{1,2,3}**

Limitations

- A. 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 Carotids/Carotid Angiogram report
- B. Primary codes appropriate for this service: 37215 or 37216.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- 1. National Coverage Determination- 20.7
- 2. 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: 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 Neuro Interventional 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.