ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT

Description:

Angioplasty:
Passage of a catheter through the blood vessel to decrease obstruction and restore blood flow. Percutaneous transluminal angioplasty (PTA) uses a balloon tipped catheter which is inserted to the area of disease and then inflated to compress the plaque against the vessel wall. Other devices that can be attached to the catheter are a laser and rotating shaver to 'open' the vessel.

Endovascular Stent Placement:
Placement of a plastic or metal mesh tube into a blood vessel to maintain patency. Stent placement may be done following an angioplasty or as an alternative to an angioplasty.

Dissection:
A tear in the wall of the vessel causing blood to flow between the vessel wall layers.

Criteria:

For carotid artery angioplasty with or without endovascular stent placement, see BCBSAZ Medical Coverage Guideline #O710, “Carotid Artery Angioplasty”.

For endovascular procedures for intracranial arterial disease, see BCBSAZ Medical Coverage Guideline #O754, “Endovascular Procedures for Intracranial Arterial Disease”.

For endovascular stent grafts for abdominal aortic aneurysms, see BCBSAZ Medical Coverage Guideline #O751, “Endovascular Stent Grafts for Abdominal Aortic Aneurysms”.

For endovascular stent grafts for disorders of the thoracic aorta, see BCBSAZ Medical Coverage Guideline #O821, “Endovascular Stent Grafts for Disorders of the Thoracic Aorta”.
ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

Criteria: (cont.)

Brachiocephalic (Innominate) Artery:

➢ Angioplasty with or without endovascular stent placement for the treatment of stenosis/occlusion/dissection of the brachiocephalic artery is considered medically necessary.

Mesenteric or Celiac Artery:

Mesenteric or celiac artery angioplasty with or without endovascular stent placement will be reviewed by the medical director(s) and/or clinical advisor(s).

➢ Angioplasty of the mesenteric or celiac artery with or without endovascular stent placement for the treatment of chronic mesenteric ischemia is considered medically necessary with documentation of ALL of the following:

1. Severe postprandial abdominal pain (also referred to as intestinal angina)
2. Weight loss
3. Gastrointestinal pathology excluded
4. Celiac artery or superior mesenteric artery stenosis ≥70% and <100% by imaging (angiogram or MRA/CTA)
5. Median arcuate ligament syndrome excluded
6. High surgical risk due to significant medical comorbidity

Other Vasculature:

➢ Angioplasty with or without endovascular stent placement for the treatment of stenosis/occlusion/dissection is considered medically necessary for ANY of the following:

1. Coronary artery
2. Femoral artery
3. Femoral, Iliac and Iliocaval veins
4. Hepatic vein and/or Inferior/superior vena cava anastomotic stenosis after liver transplant
5. Iliac artery
6. Popliteal artery
7. Pulmonary artery
8. Renal artery
ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

Criteria: (cont.)

Vertebral Artery:

- Angioplasty with or without endovascular stent placement for the treatment of stenosis/occlusion/dissection of the vertebral artery is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Resources:

Literature reviewed 06/07/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

Resources: (cont.)


8. California Technology Assessment Forum. Percutaneous Coronary Intervention as an Alternative to Coronary Artery Bypass Grafting in Patients with Diabetes Mellitus and Multi-vessel Disease. Blue Shield of California Foundation.03/06/2013.


ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

**Resources: (cont.)**


ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nilíngíí Blue Cross Blue Shield of Arizona haada yií éego bina’ídiiìdico éí doddago Háida biíí anilyeedííí t’áadoo le’e yína’ílicitido beehaz’áanii hólo díí t’aá hazaadk’éehií háká a’dowolgo bee haz’a doo báqą ilíngióó. Ata’ halné’ígíí kojí bichį’ hodilíiníí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viễn, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أشعة بخصوص صحة Blue Cross Blue Shield of Arizona الضرورية، يُمكنك من دون أية تكلفة، للتحدث مع مترجم في مصلحة 877-475-4799.
ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tunyuanigan, ay may mga katarungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makeusap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관련해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 동역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi: آگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian: Blue Cross Blue Shield of Arizona گەشە لە ئەوانە ئەستیامە, یا کەمکی کەمک کەمکی. ئەستیامە بە ئەوانە ئەستیامە بە ئەوانە ئەستیامە. 877-475-4799

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยโทรศัพท์โทร 877-475-4799.