



MEDICAL COVERAGE GUIDELINES  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 06/07/17  
LAST REVIEW DATE: 06/19/18  
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## ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT

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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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### 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.

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### 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*".

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## 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  $\geq 70\%$  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
  9. Subclavian artery



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## 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.

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**Resources:**

Literature reviewed 06/19/18. 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.

1. 2.02.03 BCBS Association Medical Policy Reference Manual. Percutaneous Transluminal Coronary Angioplasty. Re-issue date 09/10/2009, issue date 03/31/1996.
2. 2.02.07 BCBS Association Medical Policy Reference Manual. Percutaneous Transluminal Pulmonary Artery Balloon Angioplasty. Re-issue date 08/13/2009, issue date 01/30/1998.
3. 7.01.148 BCBS Association Medical Policy Reference Manual. Endovascular Therapies for Extracranial Vertebral Artery Disease. Re-issue date 05/04/2018, issue date 02/12/2015.
4. Blackburn N. Wireless Monitoring for the Heart. 09/14/2003.
5. Broholm R, Baekgaard N, Just SR, Jorgensen M. [Endovascular treatment of chronic iliac vein obstruction in patients with venous claudication]. *Ugeskr Laeger*. 2007 Apr 23 2007;169(17):1564-1568.
6. California Technology Assessment Forum. Taxol-Based Drug Eluting Stents as an Alternative to Traditional Stenting for Coronary Atherosclerotic Heart Disease. *Blue Shield of California Foundation*. 06/09/2004.
7. California Technology Assessment Forum. Renal Artery Stents for the Treatment of Severe Hypertension. *Blue Shield of California Foundation*. 02/08/2012.



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## 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.
9. CMS Manual System. Percutaneous Transluminal Angioplasty (PTA). 04/04/2008;Transmittal 81.
10. Delis KT, Bjarnason H, Wennberg PW, Rooke TW, Gloviczki P. Successful iliac vein and inferior vena cava stenting ameliorates venous claudication and improves venous outflow, calf muscle pump function, and clinical status in post-thrombotic syndrome. *Ann Surg*. 2007 Jan 2007;245(1):130-139.
11. External Consultant Review. Endovascular Neurosurgeon. September 2005.
12. External Consultant Review. Vascular & Interventional Radiology. 05/2008.
13. External Consultant Review. Vascular Surgery. 06/26/2008.
14. External Consultant Review. Neurological Surgery. 12/01/2010.
15. External Consultant Reviews. Neurosurgery, Interventional Radiology, Vascular and Endovascular Radiology. 09/27/2005.
16. Funatsu A, Shibata K, Yamamoto R, et al. [Initial and long term outcomes of stent implantation for iliac compression syndrome]. *J Cardiol*. 2007 Dec 2007;50(6):371-377.
17. Kolbel T, Lindh M, Holst J, et al. Extensive acute deep vein thrombosis of the ilio caval segment: midterm results of thrombolysis and stent placement. *J Vasc Interv Radiol*. 2007 Feb 2007;18(2):243-250.
18. Lavalley PC, Mazighi M, Saint-Maurice JP, et al. Stent-assisted endovascular thrombolysis versus intravenous thrombolysis in internal carotid artery dissection with tandem internal carotid and middle cerebral artery occlusion. *Stroke*. 2007 Aug 2007;38(8):2270-2274.
19. Medtronic News Release. Medtronic Begins Talent™ Thoracic Stent Graft Study in the United States. November 10, 2003.
20. Mussa FF, Peden EK, Zhou W, Lin PH, Lumsden AB, Bush RL. Iliac vein stenting for chronic venous insufficiency. *Tex Heart Inst J*. 2007 2007;34(1):60-66.
21. Neglen P. Chronic Venous Obstruction: Diagnostic Considerations and Therapeutic Role of Percutaneous Iliac Stenting. 2007.



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## ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)

### Resources: (cont.)

22. Neglen P, Hollis KC, Olivier J, Raju S. Stenting of the venous outflow in chronic venous disease: long-term stent-related outcome, clinical, and hemodynamic result. *J Vasc Surg.* 2007 Nov 2007;46(5):979-990.
23. Ohki T, Stern D, Allen M, Yadav J. Wireless Pressure Sensing of Aneurysms. *Endovascular Today.* 04/2004.
24. Principal Investigator: Cambria RP, JK. D. Stent Graft Repair of Thoracic Aortic Aneurysm. *Massachusetts General Hospital, Department of Surgery.* 12/11/2003.
25. Raju S. Endovenous treatment of patients with iliac-caval venous obstruction. *J Cardiovasc Surg (Torino).* 2008 Feb 2008;49(1):27-33.
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27. Society for Vascular Surgery. Pressure sensor proves useful in endovascular aneurysm repair. *VascularWeb.* Accessed 10/04/2005.
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29. Versaci F, Del Giudice C, Scafuri A, et al. Sequential hybrid carotid and coronary artery revascularization: immediate and mid-term results. *Ann Thorac Surg.* 2007 Nov 2007;84(5):1508-1513; discussion 1513-1504.



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### 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](mailto: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 nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 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 thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

