CAROTID ARTERY ANGIOPLASTY

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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CAROTID ARTERY ANGIOPLASTY (cont.)

Description:

Carotid artery angioplasty with or without stenting is a treatment for carotid stenosis that is intended to prevent future stroke. It is an alternative to medical therapy and a less-invasive alternative to carotid endarterectomy (CEA). Symptomatic carotid stenosis includes symptoms of focal cerebral ischemia (transient ischemic attack or monocular blindness) in the previous 120 days, with symptom duration less than 24 hours or non-disabling stroke. Carotid angioplasty and stenting (CAS) involves the introduction of coaxial systems of catheters, microcatheters, balloons, and other devices through the femoral artery and into the carotid artery. The procedure is most often performed through the femoral artery, but a transcervical approach can also be used to avoid traversing the aortic arch. The procedure generally takes 20–40 minutes. Interventionalists almost uniformly use an embolic protection device (EPD) designed to reduce the risk of stroke caused by thromboembolic material dislodged during CAS. Embolic protection devices can be deployed proximally (with flow reversal) or distally (using a filter). Carotid angioplasty is usually performed with stent placement.

FDA-approved carotid artery stents and embolic protection devices include, but are not limited to:

- Acculink™ and Acculink™ carotid stents
- Accunet™ and RX Accunet™ cerebral protection filters
- Xact® RX carotid stent system
- Emboshield® embolic protection system
- Precise® nitinol carotid stent system
- AngioGuard™ XP and RX emboli capture guidewire systems
- NextStent® carotid stent over-the-wire and monorail delivery systems
- FilterWire EZ™ embolic protection system
- Protégé® RX and SpideRx®
- Carotid Wallstent®
- GORE® Flow Reversal System
- GORE® Embolic Filter
- Mo.Ma® Ultra Proximal Cerebral Protection Device
- ENROUTE® Trascarotid Stent System and ENROUTE Transcarotid Neuroprotection System

Criteria:

For angioplasty and endovascular stent placement, see BCBSAZ Medical Coverage Guideline #O270, “Angioplasty and Endovascular Stent Placement”.

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”.

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CAROTID ARTERY ANGIOPLASTY (cont.)

Criteria: (cont.)

For endovascular stent grafts for disorders of the thoracic aorta, see BCBSAZ Medical Coverage Guideline #0821, “Endovascular Stent Grafts for Disorders of the Thoracic Aorta”.

Carotid artery angioplasty (common, internal and external) with or without endovascular stent placement\(^1\) will be reviewed by the medical director(s) and/or clinical advisor(s).

- Carotid artery angioplasty with or without endovascular stent placement\(^1\) is considered medically necessary for individuals symptomatic with a \(> 50\%\) carotid stenosis confirmed by duplex ultrasound.

- Carotid artery angioplasty with or without endovascular stent placement\(^1\) for all other indications not previously listed or if above criteria not met 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.

These indications include, but are not limited to:

- Individual with carotid stenosis who is a suitable candidate for carotid endarterectomy (CEA)
- Individual with carotid artery dissection
- Asymptomatic individual

\(^1\) Procedure may include insertion of an embolic protection device.

Resources:

Literature reviewed 07/05/18. 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.

Resources published prior to 04/02/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.
CAROTID ARTERY ANGIOPLASTY (cont.)

Resources: (cont.)


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


CAROTID ARTERY ANGIOPLASTY (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: Dii kwe’é atah nilligii Blue Cross Blue Shield of Arizona haada yit’éego bina’ìdiikidgo éi doocago Háiída bíjá aniýeeedigii t’aadool e’é yina’ìdiikidgo beehaz’ânii hözł dî t’âά hazaadk’ehjí háká a’doowo’go bee haz’â doo baąįh ilinígóó. Ata’ halne’ügií kojí bichjí hodilinhí 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权免费以您的母语得到帮助和信息。洽询一位翻译员，请求电话。在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield của 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 thợ dịch viễn, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعدة أسئلة بخصوص Blue Cross Blue Shield of Arizona، النص صحة الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي تكلفة للاستفسار مع مترجم اتصل ب 877-475-4799.
CAROTID ARTERY ANGIOPLASTY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanan, ay may mga karanasan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walong gastos. Upang makaasap ang isang tagalisan, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 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についての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: 

ارگ می‌شود که شما به یا کمک می‌خواهید، سوال‌های مربوط به Blue Cross Blue Shield of Arizona اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian: 

Blue Cross Blue Shield of Arizona

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

Thai: หากคุณ หรือคุณผู้ที่คุณช่วยเหลืออยู่ถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้รับความช่วยเหลือและข้อมูลภาษาของคุณได้โดยไม่เสียเงิน ติดต่อ客服ที่ 877-475-4799