

Policy	20.2	Approved By	UnitedHealthcare Medicare	Current	05/28/2014
Number			Reimbursement Policy	Approval Date	
			Committee		

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis



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Summary

Overview

The premise that this procedure which bypasses narrowed arterial segments improves the blood supply to the brain and reduces the risk of having a stroke has not been demonstrated to be any more effective than no surgical intervention. Accordingly, EC-IC arterial bypass surgery is not considered reasonable and necessary within the meaning of §1862(a) (1) of the Act when it is performed as a treatment for ischemic cerebrovascular disease of the carotid or middle cerebral arteries.

Reimbursement Guidelines

Extracranial-Intracranial (EC-IC) arterial bypass surgery is not a covered procedure when it is performed as a treatment for ischemic cerebrovascular disease of the carotid or middle cerebral arteries, which includes the treatment or prevention of strokes.

ICP/PCS Codes: The ICP/PCS noncovered code below is not CMS sourced however, it may be submitted for Extracranial-Intracranial (EC-IC) arterial bypass surgery.

ICP Code	Description	PCS Code	Description
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H09J	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0AJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H09G	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0AG	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0JG	Bypass Right Common Carotid Artery to Intracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0KG	Bypass Right Common Carotid Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0ZG	Bypass Right Common Carotid Artery to Intracranial Artery, Open Approach





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39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0JJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0KJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031H0ZJ	Bypass Right Common Carotid Artery to Right Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J09K	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0AK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0JK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0KK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0ZK	Bypass Left Common Carotid Artery to Left Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J09G	Bypass Left Common Carotid Artery to Intracranial artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0AG	Bypass Left Common Carotid Artery to Intracranial artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0JG	Bypass Left Common Carotid Artery to Intracranial artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0KG	Bypass Left Common Carotid Artery to Intracranial artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031J0ZG	Bypass Left Common Carotid Artery to Intracranial artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031K09J	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach





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39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031K0AJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	O31KOJJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031K0KJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031K0ZJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031L09K	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031L0AK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031L0JK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031L0KK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031L0ZK	Bypass Left Internal Carotid Artery to Left Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031M09J	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031M0AJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	O31MOJJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031M0KJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach





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39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031M0ZJ	Bypass Right External Carotid Artery to Right Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031N09K	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031NOAK	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	O31NOJK	Bypass Left External Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031N0KK	Bypass Left External Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031N0ZK	Bypass Left External Carotid Artery to Left Extracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031S09G	Bypass Right Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031S0AG	Bypass Right Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031S0JG	Bypass Right Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031S0KG	Bypass Right Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031S0ZG	Bypass Right Temporal Artery to Intracranial Artery, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031T09G	Bypass Left Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031T0AG	Bypass Left Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031T0JG	Bypass Left Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach



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39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031T0KG	Bypass Left Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach
39.28	Extracranial-intracranial (EC-IC) vascular bypass (Noncovered procedure)	031T0ZG	Bypass Left Temporal Artery to Intracranial Artery, Open Approach

References Included (but not limited to):

CMS National Coverage Determination (NCD)

NCD 20.2 Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery

UnitedHealthcare Medicare Advantage Coverage Summary

Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery

History		
Date	Revisions	
05/28/2014	Administrative updates	
06/12/2013	Administrative updates	
10/10/2012	Administrative updates	
10/12/2011	Administrative updates	