



## **ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT**

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**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.**

**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.

**Aortic Dissection:**

A tear in the wall of the aorta causing blood to flow between the layers of the aortic wall. Aortic dissection may be classified as type A (involves the aortic arch) or type B (involves the descending aorta).



## **ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)**

### **Criteria:**

#### **Aortic Artery:**

#### **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

#### **Vertebral Artery:**

➤ Angioplasty with or without endovascular stent placement for the treatment of stenosis/ occlusion/ dissection of the vertebral artery is considered ***medically necessary*** with documentation of **ANY** of the following:

1. Individual with symptoms attributable to vertebrobasilar ischemia
  - Occlusion of 50% or greater, **and**
  - Occlusion/stenosis is extracranial and is not located in the cervical spine
2. Asymptomatic individual
  - Occlusion of 70% or greater, **and**
  - Occlusion/stenosis is extracranial and is not located in the cervical spine



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## **ANGIOPLASTY AND ENDOVASCULAR STENT PLACEMENT (cont.)**

**Criteria:** (cont.)

**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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**Resources:**

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. American Society of Interventional & Therapeutic Neuroradiology, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, et al. ACCF/SCAI/SVMB/SIR/ASITN 2007 Clinical Expert Consensus Document on Carotid Stenting: A Report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents (ACCF/SCAI/SVMB/SIR/ASITN Clinical Expert Consensus Document Committee on Carotid Stenting). *J Am Coll Cardiol.* 2007;1/2 2007;49(1):126-170.



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16. External Consultant Review. Vascular & Interventional Radiology. 05/2008.
17. External Consultant Review. Vascular Surgery. 06/26/2008.
18. External Consultant Review. Neurological Surgery. 12/01/2010.



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