

# Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)

<b>Policy Number</b>	20.7	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	02/26/2014
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## 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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## Application

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

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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 and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

This broad NCD addresses the treatment of various vessels but our focus for this policy is those that are performed for the following:

- Concurrent with Carotid Stent Placement in Food and Drug Administration (FDA)-Approved Category B Investigational Device Exemption (IDE) Clinical Trials.
- Concurrent with Intracranial Stent Placement in FDA-Approved Category B IDE Clinical Trials.

This procedure involves inserting a balloon catheter into a narrow or occluded blood vessel to recanalize and dilate the vessel by inflating the balloon. The objective of PTA is to improve the blood flow through the diseased segment of a vessel so that vessel patency is increased and embolization is decreased. With the development and use of balloon angioplasty for treatment of atherosclerotic and other vascular stenoses, PTA (with and without the placement of a stent) is a widely used technique for dilating lesions of peripheral, renal, and coronary arteries.

#### Reimbursement Guidelines

Effective July 1, 2001, Medicare covers PTA of the carotid artery concurrent with carotid stent placement when furnished in accordance with the FDA-approved- protocols governing Category B IDE clinical trials. PTA of the carotid artery, when provided solely for the purpose of carotid artery dilation concurrent with carotid stent placement, is considered to be a reasonable and necessary service when provided in the context of such a clinical trial.

Effective November 6, 2006, Medicare covers PTA and stenting of intracranial arteries for the treatment of cerebral artery stenosis  $\geq 50\%$  in patients with intracranial atherosclerotic disease when furnished in accordance with the FDA-approved protocols governing Category B IDE clinical trials. CMS determines that coverage of intracranial PTA and stenting is reasonable and necessary under these circumstances.

#### CPT/HCPCS Codes

Code	Description
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection (Medicare does not cover this procedure code as of 03/17/2005.)

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37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation (New code effective 1/01/2014)
37799	Unlisted procedure, vascular surgery

### Modifiers

Code	Description
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study

### ICP/PCS Codes

ICP Code	Description	PCS Code	Description
00.63	Percutaneous insertion of carotid artery stent(s)	037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach
		037H4DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
		037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach
		037J4DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
		037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
		037K4DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
		037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
		037L4DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
		037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach
		037M4DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
		037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach
		037N4DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
00.65	Percutaneous insertion of intracranial vascular stent(s)	037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

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037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach
037G44Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037G4DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
057L3DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Approach
057L4DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Endoscopic Approach

### References Included (but not limited to):

#### CMS NCD(s)

NCD 20.7 Percutaneous Transluminal Angioplasty (PTA)  
Reference NCD: NCD 310.1 Routine Costs in Clinical Trials

#### CMS LCD(s)

Numerous LCDs

#### CMS Article

One Article

#### CMS Claims Processing Manual

Chapter 32; § 68 Investigational Device Exemption (IDE), § 160.1 Category B Investigational Device Exemption (IDE) Study Coverage and § 161 Intracranial PTA with Stenting

#### UnitedHealthcare Medicare Advantage Coverage Summaries

Experimental Procedures and Items, Investigational Devices and Clinical Trials

Non-Covered Services (Including Complication Related to Non-Covered Services)

Percutaneous Transluminal Angioplasty and Stenting

#### MLN Matters

Article MM5022, Clarification on Billing Requirements for Percutaneous Transluminal Angioplasty (PTA) Concurrent with the Placement of an FDA-approved Carotid Stent

#### Others

Decision Memo for Intracranial Stenting and Angioplasty, CMS Website

Decision Memo for Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting, CMS Website

Medicare Approved Facilities/Trials/Registries, CMS Website

### History

Date	Revisions
09/16/2014	Administrative updates
02/26/2014	Transcatheter Placement of Extracranial Vertebral or Intrathoracic Carotid Artery Stent(s) reimbursement policy that is being merged into NCD 20.7
03/13/2013	NCD 20.7 re-review presented to MRPC for approval; motion accepted and approved
03/06/2013	Administrative updates
02/27/2013	Policy reviewed with no changes and presented to MRPC for approval
10/10/2012	Policy presented and approved by MRP Committee
06/22/2011	Policy developed and approved