

NO. 91495

CAROTID AND INTRACRANIAL ARTERY STENTING

Effective: 08/01/2026**Committee review:** 05/13/2026**Updated:** 05/13/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This medical policy addresses the following procedures:

- Carotid angioplasty with stenting, including:
 - Transcarotid Artery Revascularization (TCAR)
 - Transfemoral Carotid Artery Stenting (TF-CAS)
- Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stents
- Intracranial angioplasty and stenting
- Percutaneous balloon dilatation of intracranial vasospasm

Related policies:

- None

I. MEDICAL NECESSITY CRITERIA

- A. **Carotid artery stenting:** Priority Health considers stenting of the carotid artery medically necessary when the applicable InterQual® criteria are met:

Subset: *Angioplasty and Stent, Carotid or Vertebral*

Requested service:

*Transfemoral Carotid Artery Stenting (TF-CAS), or
Transcarotid Artery Revascularization (TCAR)*

- B. **Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stents** is managed by TurningPoint Healthcare Solutions LLC.

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- C. **Intracranial angioplasty and stenting:** Priority Health considers intracranial angioplasty and stenting medically necessary when the applicable InterQual® criteria are met:

Subset: *Endovascular Intervention, Intracranial*

Requested service: *Angioplasty and Stent, Intracranial*

- D. **Percutaneous balloon dilatation of intracranial vasospasm** is considered investigational and experimental.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Percutaneous Transluminal Angioplasty (PTA) 20.7	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	Category III Codes L35490 A56902

III. BACKGROUND

The carotid arteries are the 2 large blood vessels on both sides of the neck that supply blood to the head, brain, and face. A blockage or narrowing in these arteries causes reduced blood flow to the brain. Carotid artery atherosclerosis accounts for up to 30% of ischemic strokes as a result of plaque rupture.

Early carotid artery stenosis may be asymptomatic, although a bruit (an auscultated vascular sound caused by turbulent blood flow through a narrowed vessel) may be heard during routine physical examination. If the blockage progresses, the patient may notice some numbness or weakening in the face or extremities (usually unilaterally), language difficulties (both spoken and receptive language), vision problems, dizziness, loss of balance, and headaches that occur suddenly and are severe in nature.

Estimates of prevalence of clinically significant carotid artery stenosis in the general population is < 1%; however, the prevalence of moderate and severe carotid artery stenosis increases with age, especially beyond the age of 50 years. Carotid artery stenosis affects men more than women. Between 70 to 79 years of age, the prevalence is 6.0% in men and 3.6% in women. Native American and individuals of White ethnicity have the highest prevalence, while African American males and Asian females appear to have the lowest prevalence.

Plaque lesion in the carotid arterial wall can be attributed to inflammatory responses triggered by hemodynamic, metabolic, environmental, and genetic risk factors.

Carotid artery stenosis may potentially cause debilitating stroke. Accurate early detection is vital to minimize the risk of cerebrovascular events. Multiple imaging modalities are available to aid in the diagnosis and quantification of the stenotic lesions, including duplex ultrasound, computed tomography angiography (CTA), digital subtraction angiography (DSA), and magnetic resonance angiography (MRA). Characterization of the plaque can be accomplished using optical coherence tomography (OCT), photoacoustic tomography (PAT), and infrared thermography.

Standard medical management of carotid artery stenosis includes antiplatelet therapy, cautious pharmaco-management of hypertension, and lipid-lowering statin therapy. Lifestyle changes should include low-fat diet, regular aerobic exercise, and smoking cessation. Severe symptomatic carotid artery stenosis may require invasive treatment, including open surgical management, a carotid endarterectomy (CEA), or minimally invasive carotid angioplasty and stenting—via a transfemoral or transcarotid approach—to revascularize the carotid artery and restore optimal blood flow to the brain, head, and face.

Carotid artery stenting (CAS) is an open or endovascular treatment to remove atherosclerotic plaques in the carotid artery. The goal of the procedure is to improve blood flow, reduce the chance of embolization to the brain, and prevent stroke and the recurrence of stenosis. CAS involves balloon dilatation of a stenotic lesion and the subsequent placement of a stent to restore vascular patency. Access of the carotid artery is conventionally performed by a direct, open carotid approach in carotid endarterectomy (CEA) (the comparator of interest to this report), but can also be achieved by a more remote approach via the femoral artery. The appropriate choice between transcarotid artery revascularization (TCAR) and transfemoral carotid artery stenting (TF-CAS) is highly dependent on the individual clinical scenario. TF-CAS is most appropriate in patients with asymptomatic carotid stenosis who have hostile neck

anatomy or patients who are unable to undergo general anesthesia. TCAR, on the other hand, may be most appropriate for patients with a tortuous aortic arch, documented aortoiliac occlusive disease or prior neck surgery.

The Society for Vascular Surgery guidelines do not recommend revascularization procedures for patients who have persistent major neurologic deficit (e.g., hemiplegia causing significant self-care impairment) (AbuRahma et al., 2022).

In 2022, the Society for Vascular Surgery released guidelines for the management of extracranial cerebrovascular disease. These guidelines addressed several areas needing clarification and reported that in asymptomatic patients, CEA was associated with better stroke and mortality rate at 5 years. In symptomatic, low surgical risk patients, CEA had lower stroke risk, but higher risk of MI during the first 30 days when compared to CAS. Long-term, same-side stroke risk for symptomatic patients was lower for CEA when compared to CAS (AbuRahma et al., 2022).

The role of angioplasty and stenting for the treatment of intracranial stenosis remains controversial. According to a 2018 scientific statement by the American Heart Association, for patients with stroke or transient ischemic attack (TIA) resulting from major intracranial artery stenosis of at least 70%, angioplasty alone, or placement of a Wingspan stent may be appropriate if there are progressing symptoms, stroke, or recurrent TIA despite best medical treatment. In this case best medical treatment includes dual antiplatelet therapy, maintenance of a systolic blood pressure < 140 mmHg and high-intensity statin therapy (Eskey et al., 2018). However, guidelines do not yet fully support this procedure, and this procedure requires additional medical review.

InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Library, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, and the National Institute for Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

InterQual® recommendations are designated as “**Limited Evidence**” based on one or more of the following:

- Research to date has not demonstrated this intervention’s equivalence or superiority to the current standard of care
- The balance of benefits and harms does not clearly favor this intervention
- The clinical utility of this intervention has not been clearly established
- The evidence is mixed, unclear, or of low quality
- This intervention is not standard of care
- New technology is still being investigated

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
Society for Vascular Surgery (SVS)	Extracranial Cerebrovascular Disease Society for Vascular Surgery clinical practice guidelines for management of extracranial cerebrovascular disease (AbuRahma AF et al., 2022) The Society for Vascular Surgery implementation document for management of extracranial cerebrovascular disease (AbuRahma AF et al., 2022)
European Society for Vascular Surgery (ESVS)	European Society for Vascular Surgery (ESVS) 2023 Clinical Practice Guidelines on the Management of Atherosclerotic Carotid and Vertebral Artery Disease (Naylor R et al., 2022)
European Stroke Organisation (ESO)	European Stroke Organisation guideline on endarterectomy and stenting for carotid artery stenosis (Bonati LH et al., 2021) European Stroke Organisation guidelines on treatment of patients with intracranial atherosclerotic disease (Psychogios Marios et al., 2022)
American Heart Association/American Stroke Association	2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack (Kleindorfer DO et al., 2021)
American Academy of Neurology	Stroke Prevention in Symptomatic Large Artery Intracranial Atherosclerosis (Turan TN et al., 2022)
American Heart Association	Indications for the Performance of Intracranial Endovascular Neurointerventional Procedures (Eskey CJ, et al., 2018)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information. Relevant Product Codes include:

- [NIM](#): stent, carotid
- [NTE](#): temporary carotid catheter for embolic capture

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date
CGuard™ Prime Carotid Stent System (Inspiremd, Ltd.)	P240029 (NIM)	06/23/2025
Neuroguard IEP® 3-in-1 Carotid Stent, Post-Dilation Balloon System with Integrated Embolic Protection (Contego Medical, Inc.)	P240009 (NIM)	10/11/2024
Roadsaver/CASPER Carotid Stent Device (MicroVention, Inc.)	P210030 (NIM)	11/20/2024
Gore Carotid Stent (W.L. Gore & Associates, Inc.)	P180010 (NIM)	11/01/2018
ENROUTE Transcarotid Stent System (Boston Scientific)	P140026 (NIM)	05/18/2015
EXPONENT SELF-EXPANDING CAROTID STENT SYSTEM WITH OVER-THE-WIRE OR RAPID-EXCHANGE DELIVERY SYSTEM	P070012 (NIM)	10/23/2007
PROTEGE GPS & PROTEGE RX Carotid Stent Systems (Medtronic Vascular)	P060001 (NIM)	01/24/2007
ENDOTEX NEXSTENT CAROTID STENT AND DELIVERY SYSTEM AND ENDOTEX CAROTID STENT AND MONORAIL DELIVERY SYSTEM	P050025 (NIM)	10/27/2006
Carotid WALLSTENT Monorail Endoprosthesis (Boston Scientific)	P050019 (NIM)	10/23/2008
XACT Carotid Stent System (Abbott Vascular)	P040038 (NIM)	09/06/2005
ACCULINK Carotid Stent System & RX ACCULINK Carotid Stent System (Abbott Vascular)	P040012 (NIM)	08/30/2004
CORDIS PRECISE Nitinol Stent System (Cordis US Corporation)	P030047 (NIM)	09/22/2006
EmPro EPS (EP4514C-190, EP6514C-190); Nanoparasol EPS (PNP4514C-190, PNP6514C-190)	K222694 (NTE)	04/27/2023
WIRION (Cardiovascular Systems, Inc.;	K210282 K200198	03/03/2021 03/18/2020

Gardia Medical , Ltd.)	<u>K180023</u> <u>K143570</u> (NTE)	03/21/2018 06/04/2015
ENROUTE Transcarotid Neuroprotection System (NPS) (Silk Road Medical)	<u>K230402</u> <u>K153485</u> <u>K143072</u> (NTE)	04/11/2023 03/10/2016 02/09/2015
GORE EMBOLIC FILTER (W.L. Gore & Associates, Inc.)	<u>K120480</u> <u>K103500</u> (NTE)	03/16/2012 05/23/2011
GORE FLOW REVERSAL SYSTEM MODEL GFRS073 (W.L. Gore & Associates, Inc.)	<u>K123156</u> <u>K083300</u> (NTE)	12/13/2012 02/04/2009
FIBERNET EMBOLIC PROTECTION DEVICE	<u>K111987</u> <u>K082348</u> (NTE)	08/17/2011 11/18/2008
MO.MA Ultra Proximal Cerebral Protection Device (Invatec S.p.A.	<u>K092177</u> (NTE)	10/15/2009
GUARDWIRE TEMPORARY OCCLUSION AND ASPIRATION SYSTEM- CAROTID (Medtronic, Inc.)	<u>K072990</u> (NTE)	10/31/2007
FilterWire EZ Embolic Protection System (3.5–5.5 mm) (Boston Scientific)	<u>K063313</u> (NTE)	12/05/2006
ANGIOGUARD XP / ANGIOGUARD RX Emboli Capture Guidewire (Cordis)	<u>K220654</u> <u>K101651</u> <u>K062531</u> (NTE)	04/06/2022 07/09/2010 09/22/2006
SPIDERFX EMBOLIC PROTECTION DEVICE (Ev3, Inc.)	<u>K111010</u> <u>K063204</u> <u>K052659</u> (NTE)	10/27/2011 11/14/2006 02/17/2006
Emboshield NAV6 Embolic Protection System (incl. BareWire filter delivery wire) (Abbott Laboratories)	<u>K191173</u> <u>K141678</u> <u>K121015</u> <u>K110909</u> <u>K090665</u> <u>K081523</u> <u>K052454</u> (NTE)	07/25/2019 07/22/2014 05/04/2012 04/29/2011 05/22/2009 09/11/2008 09/14/2005
ACCUNET Embolic Protection System / RX ACCUNET (Guidant Corp.)	<u>K153086</u> <u>K081549</u> <u>K052165</u> <u>K042908</u> <u>K042218</u> (NTE)	11/20/2015 08/19/2008 08/16/2005 11/12/2004 08/31/2004

VI. CODING

See also *Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)*

ICD-10 Codes that may support medical necessity

I63.031 - I63.039	Cerebral infarction due to thrombosis of carotid artery
I63.131 - I63.139	Cerebral infarction due to embolism of carotid artery
I63.231 - I63.239	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I65.21 – I65.29	Occlusion and stenosis of carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries

CPT/HCPSC Codes

37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure , including angioplasty, when performed, and radiological supervision and interpretation
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach , including angioplasty, when performed, and radiological supervision and interpretation
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed

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0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)

Not Medically Necessary:

61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)

61642 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

To access InterQual® guidelines: Log into [Priority Health Prism](#) → Authorizations → Authorization Criteria Lookup.

To access TurningPoint guidelines: Log into [Priority Health Prism](#) → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Guidelines – Carotid/Extracranial

1. AbuRahma AF, Avgerinos ED, Chang RW, Darling RC 3rd, Duncan AA, Forbes TL, Malas MB, Murad MH, Perler BA, Powell RJ, Rockman CB, Zhou W. Society for Vascular Surgery clinical practice guidelines for management of extracranial cerebrovascular disease. *J Vasc Surg*. 2022 Jan;75(1S):4S-22S. doi: 10.1016/j.jvs.2021.04.073. Epub 2021 Jun 19. PMID: 34153348.
2. AbuRahma AF, Avgerinos ED, Chang RW, Darling RC 3rd, Duncan AA, Forbes TL, Malas MB, Perler BA, Powell RJ, Rockman CB, Zhou W. The Society for Vascular Surgery implementation document for management of extracranial cerebrovascular disease. *J Vasc Surg*. 2022 Jan;75(1S):26S-98S. doi: 10.1016/j.jvs.2021.04.074. Epub 2021 Jun 19. PMID: 34153349.
3. Kleindorfer DO, Towfighi A, Chaturvedi S, Cockroft KM, Gutierrez J, Lombardi-Hill D, Kamel H, Kernan WN, Kittner SJ, Leira EC, Lennon O, Meschia JF, Nguyen TN, Pollak PM, Santangeli P, Sharrief AZ, Smith SC Jr, Turan TN, Williams LS. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. *Stroke*. 2021 Jul;52(7):e364-e467. doi: 10.1161/STR.0000000000000375. Epub 2021 May 24. Erratum in: *Stroke*. 2021 Jul;52(7):e483-e484. doi: 10.1161/STR.0000000000000383. PMID: 34024117.
4. Naylor R, Rantner B, Ancetti S, de Borst GJ, De Carlo M, Halliday A, Kakkos SK, Markus HS, McCabe DJH, Sillesen H, van den Berg JC, Vega de Ceniga M, Venermo MA, Vermassen FEG, Esvs Guidelines Committee, Antoniou GA, Bastos Goncalves F, Bjorck M, Chakfe N, Coscas R, Dias NV, Dick F, Hinchliffe RJ, Kolh P, Koncar IB, Lindholt JS, Mees BME, Resch TA, Trimarchi S, Tulamo R, Twine CP, Wanhainen A, Document Reviewers, Bellmunt-Montoya S, Bulbulia R, Darling RC 3rd, Eckstein HH, Giannoukas A, Koelemay MJW, Lindström D, Schermerhorn M, Stone DH. Editor's Choice - European Society for Vascular Surgery (ESVS) 2023 Clinical Practice Guidelines on the Management of Atherosclerotic Carotid and Vertebral Artery Disease. *Eur J Vasc Endovasc Surg*. 2023 Jan;65(1):7-111. doi: 10.1016/j.ejvs.2022.04.011. Epub 2022 May 20. PMID: 35598721.

Guidelines – Intracranial

5. Eskey CJ, Meyers PM, Nguyen TN, Ansari SA, Jayaraman M, McDougall CG, DeMarco JK, Gray WA, Hess DC, Higashida RT, Pandey DK, Peña C, Schumacher HC; American Heart Association Council on Cardiovascular Radiology and Intervention and Stroke Council. Indications for the Performance of Intracranial Endovascular Neurointerventional Procedures: A Scientific Statement From the American Heart Association. *Circulation*. 2018 May 22;137(21):e661-e689. doi: 10.1161/CIR.0000000000000567. Epub 2018 Apr 19. PMID: 29674324.
6. Kleindorfer DO, Towfighi A, Chaturvedi S, Cockroft KM, Gutierrez J, Lombardi-Hill D, Kamel H, Kernan WN, Kittner SJ, Leira EC, Lennon O, Meschia JF, Nguyen TN, Pollak PM, Santangeli P, Sharrief AZ, Smith SC Jr, Turan TN, Williams LS. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient

- Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. *Stroke*. 2021 Jul;52(7):e364-e467. doi: 10.1161/STR.0000000000000375. Epub 2021 May 24. Erratum in: *Stroke*. 2021
7. Psychogios M, Brehm A, López-Cancio E, Marco De Marchis G, Meseguer E, Katsanos AH, Kremer C, Sporns P, Zedde M, Kobayashi A, Caroff J, Bos D, Lémeret S, Lal A, Arenillas JF. European Stroke Organisation guidelines on treatment of patients with intracranial atherosclerotic disease. *Eur Stroke J*. 2022 Sep;7(3):III-IV. doi: 10.1177/23969873221099715. Epub 2022 Jun 3. PMID: 36082254; PMCID: PMC9446330.
 8. Turan TN, Zaidat OO, Gronseth GS, Chimowitz MI, Culebras A, Furlan AJ, Goldstein LB, Gonzalez NR, Latorre JG, Messé SR, Nguyen TN, Sangha RS, Schneck MJ, Singhal AB, Wechsler LR, Rabinstein AA, Dolan O'Brien M, Silsbee H, Fletcher JJ. Stroke Prevention in Symptomatic Large Artery Intracranial Atherosclerosis Practice Advisory: Report of the AAN Guideline Subcommittee. *Neurology*. 2022 Mar 22;98(12):486-498. doi: 10.1212/WNL.0000000000200030. PMID: 35314513; PMCID: PMC8967328.

Additional references

9. Barr JD, Connors JJ 3rd, Sacks D, Wojak JC, Becker GJ, Cardella JF, Chopko B, Dion JE, Fox AJ, Higashida RT, Hurst RW, Lewis CA, Matalon TA, Nesbit GM, Pollock JA, Russell EJ, Seidenwurm DJ, Wallace RC; SIR Standards of Practice Committees. Quality improvement guidelines for the performance of cervical carotid angioplasty and stent placement. *AJNR Am J Neuroradiol*. 2003 Nov-Dec;24(10):2020-34. PMID: 14625227; PMCID: PMC8148938.
10. Ederle J, Featherstone RL, Brown MM. Percutaneous transluminal angioplasty and stenting for carotid artery stenosis. *Cochrane Database Syst Rev*. 2007 Oct 17;(4):CD000515. doi: 10.1002/14651858.CD000515.pub3. Update in: *Cochrane Database Syst Rev*. 2012 Sep 12;(9):CD000515. doi: 10.1002/14651858.CD000515.pub4. PMID: 17943745.
11. Hayes, Inc. Health Technology Assessment. Carotid Angioplasty and Stenting for Carotid Artery Stenosis. Hayes, Inc. September 29, 2009. Annual Review October 10, 2013.
12. Hayes, Inc. Emerging Technology Report. Carotid Artery Stenting, Expanded Indication. Hayes, Inc. May 16, 2011.
13. Hayes, Inc. Evolving Evidence Review. ENROUTE Neuroprotection and Stent System (Silk Medical Inc.) for Treatment of Carotid Artery Stenosis. Hayes, Inc. September 27, 2021. Annual Review October 16, 2024.
14. Müller MD, Lyrer P, Brown MM, Bonati LH. Carotid artery stenting versus endarterectomy for treatment of carotid artery stenosis. *Cochrane Database Syst Rev*. 2020 Feb 25;2(2):CD000515. doi: 10.1002/14651858.CD000515.pub5. PMID: 32096559; PMCID: PMC7041119.
15. North American Symptomatic Carotid Endarterectomy Trial. Methods, patient characteristics, and progress. *Stroke*. 1991 Jun;22(6):711-20. doi: 10.1161/01.str.22.6.711. PMID: 2057968.

16. Yadav JS, Wholey MH, Kuntz RE, Fayad P, Katzen BT, Mishkel GJ, Bajwa TK, Whitlow P, Strickman NE, Jaff MR, Popma JJ, Snead DB, Cutlip DE, Firth BG, Ouriel K; Stenting and Angioplasty with Protection in Patients at High Risk for Endarterectomy Investigators. Protected carotid-artery stenting versus endarterectomy in high-risk patients. N Engl J Med. 2004 Oct 7;351(15):1493-501. doi: 10.1056/NEJMoa040127. PMID: 15470212.

SUMMARY OF CHANGES

Changes:

- Carotid artery stenting: Priority Health considers stenting of the carotid artery medically necessary when the applicable InterQual® criteria are met
- Intracranial angioplasty and stenting: Priority Health considers intracranial angioplasty and stenting medically necessary when the applicable InterQual® criteria are met

Past review dates: 01/2005, 12/2005, 12/2006, 06/2007, 06/2008, 06/2009, 06/2010, 06/2011, 06/2012, 06/2013, 08/2014, 08/2015, 08/2016, 08/2017, 08/2018, 08/2019, 08/2020, 08/2021, 08/2022, 08/2023, 05/2024, 05/2025

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