



CLINICAL MEDICAL POLICY	
Policy Name:	Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)
Policy Number:	MP-056-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	06/01/2023; 07/01/2022; 06/18/2021; 06/29/2020; 07/15/2019; 06/01/2018
Effective Date:	07/01/2023; 08/01/2022; 07/19/2021; 07/27/2020; 07/15/2019; 06/01/2018
Next Annual Review:	05/2024
Revision Date:	05/17/2023; 05/18/2022; 05/19/2021; 05/20/2020; 05/15/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
07/01/2023	Provider Effective date
05/17/2023	QI/UM Committee review
05/17/2023	Annual Review: No change to clinical criteria. Updated 'Reference Sources' section.
08/01/2022	Provider Effective date
05/18/2022	QI/UM Committee review
05/18/2022	Annual Review: Updated ICD-10 diagnosis coding requirements per CMS guidelines. The following codes are approved for PTA of the Carotid Artery Concurrent with Stenting: I63.031, I63.032, I63.033, I63.131, I63.132, I63.133, I63.59, I65.21, I65.22, & I65.23. The following codes are approved for PTA and Stenting of Intracranial Arteries and must be billed along with code I67.2: I63.231, I63.232, I63.23, I65.21, I65.22, I65.23, I66.01, I66.02, I66.03, I66.11, I66.12, I66.13, I66.21, I66.22, I66.23, & I66.8. Code Z00.6 must be applied for Clinical Trial Billing. Updated CMS hyperlinks and Reference Sources section.
07/19/2021	Provider Effective Date
05/19/2021	QI/UM Committee Review
05/19/2021	Annual Review: New Medicare policy format implemented. Added diagnosis code I63.133. Corrected diagnosis code 167.2 to I67.2. Updated references.
07/27/2020	Provider effective date
05/20/2020	QI/UM Committee review

05/20/2020	Annual Review: Removed hyperlinks; No clinical criteria changes. 2020 ICD-10 coding updates per CMS Transmittal-deleted codes I66.09, I66.19, I66.29 & I66.9; added codes 163.031, 163.032, 163.033, 163.131, 163.132, 163.233, 165.21, 165.22 & 165.23; updated Reference section.
07/15/2019	Provider effective date
05/15/2019	QI/UM Committee Review
04/26/2019	Annual Review: Formatting updates; NCD link update; added a coding guideline to operational guidelines and under the diagnosis coding attachment.
06/01/2018	Provider effective date
05/02/2018	Revision: Removed the word 'Covered' from the procedure and diagnosis code tables in Attachments A & B
03/21/2018	QI/UM Committee review
03/06/2018	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary Percutaneous Transluminal Angioplasty (PTA).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
 - Please refer to the NCD, LCD, LCA or CMS guidelines for the proper place of service for percutaneous transluminal angioplasty (PTA).

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Link

- NCD: [Percutaneous Transluminal Angioplasty \(PTA\) \(20.7\)](#)
- There are no current LCDs related to this topic.

Article Links

- CMS Transmittal with Revised Coding Guidelines: [CMS Transmittal 2202](#)
- CMS Transmittal: [CMS Transmittal 1925](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Percutaneous Transluminal Angioplasty (PTA) (20.7). Effective Date January 1, 2013. Implemented on March 11, 2013. Accessed on April 27, 2023.

Centers for Medicare and Medicaid Services (CMS). MLN Matters Article MM11005. CMS Manual System, Transmittal 2202. Effective Date April 1, 2019. Accessed on April 27, 2023.

Centers for Medicare and Medicaid Services (CMS). CMS Transmittal 1925. March 5, 2010. Accessed on April 27, 2023.

Coding Requirements

Procedure Codes

CPT Code	Description
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
37799	Unlisted procedure, vascular surgery

Diagnosis Codes

Indications for PTA of the Carotid Artery Concurrent with Stenting (must bill one of these primary codes to meet coverage under 20.7B2, 20.7B3, & 20.7B4 sections of the NCD 20.7)

ICD-10 Code	Description
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries

I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries

Indications for PTA and Stenting of Intracranial Arteries (must bill code I67.2 and one of these primary codes to meet coverage under 20.7B5 of NCD 20.7)

ICD-10 Code	Description
I67.2*	Cerebral atherosclerosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.8	Occlusion and stenosis of other cerebral arteries

Code Z00.6 must be applied for Clinical Trial Billing (clinical trial participation required for all claims under 20.7B2, 20.7B3, 20.7B5, and 20.7B4 sections of NCD 20.7 only when patients are high risk for CEA and symptomatic with 50-70% carotid artery stenosis or asymptomatic with ≥80% carotid artery stenosis)

ICD-10 Code	Description
Z00.6	Encounter for examination for normal comparison and control in clinical research program

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.