Coverage Summary

Carotid Procedures and Testing

Policy Number: C-003  Products: UnitedHealthcare Medicare Advantage Plans
Original Approval Date: 02/09/2007
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee
Last Review Date: 06/19/2018

Related Medicare Advantage Policy Guidelines:

- Carotid Body Resection/Carotid Body Denervation (NCD 20.18)
- Noninvasive Tests of Carotid Function (NCD 20.17)

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

INDEX TO COVERAGE SUMMARY

| I.  | COVERAGE |
| II. | DEFINITIONS |
| III. | REFERENCES |
| IV. | REVISION HISTORY |

I. COVERAGE

Coverage Statement: Carotid procedures and testing are covered when Medicare coverage criteria is met.

Guidelines/Notes:

1. Carotid Body Resection
   a. Carotid body resection is **covered** only for removal of a mass/tumor in the carotid body.
   b. Carotid body resection for relief of pulmonary symptoms is **not covered**.
   c. Carotid denervation surgery of a carotid sinus (rarely performed) to treat hypersensitive carotid sinus reflex is **covered** when:
      - Other more conservative measures have failed; and
      - The patient’s condition continues to deteriorate (e.g., syncope and slow heart rate)

   See the [NCD for Carotid Body Resection/Carotid Body Denervation (20.18)](Accessed May 31, 2018)

2. Non-invasive test of carotid function (direct and indirect) is **covered** when criteria are met.
   See the [NCD for Noninvasive Tests of Carotid Function (20.17)](Accessed May 31, 2018) for coverage guideline.

Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) exist and
compliance with these policies is required where applicable. See the following LCDs/ LCAs at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx:

- Non-Invasive Cerebrovascular Arterial Studies
- Noninvasive Cerebrovascular Studies
- Non-Invasive Extracranial Arterial Studies
- Non-Invasive Vascular Studies
- Transcranial Doppler Studies

(Accessed May 31, 2018)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

06/19/2018    Annual review with the following update:
Guideline #2 [ Non-invasive Test of Carotid Function (direct and indirect)] – Deleted “Non-Invasive Vascular Studies (N.I.V.T)” from list of available LCDs.

06/21/2017    Annual review; no updates.

06/21/2016    Annual review; no updates.

07/21/2015    Annual review with the following updates:
Guideline #2 [ Non-invasive Test of Carotid Function (direct and indirect)] – Added “Non-Invasive Extracranial Arterial Studies” and “Non-Invasive Vascular Studies (N.I.V.T)” to list of available LCDs.

04/21/2015    Re-review with the following updates:
NCD 160.6 Carotid Sinus Nerve Stimulator was retired. All references to this NCD deleted.

07/15/2014    Annual review with the following updates:
- Guideline #3 (Non-invasive Test of Carotid Function) - added the reference link to the Medicare Local Coverage Determination (LCD) references for Non-invasive Test of Carotid Function
- Definitions - removed definition of “denervation” (no CMS reference available)

08/20/2013    Annual review; no updates.

02/26/2013    Policy number changed from “C-001” to “C-003.”

08/20/2012    Annual review; no updates.

08/29/2011    Annual review; no updates.