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: 06/18/2019

Related Medicare Advantage Policy Guidelines:
- Carotid Body Resection/Carotid Body Denervation (NCD 20.18)
- Noninvasive Tests of Carotid Function (NCD 20.17)

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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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

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

Guidelines/Notes:

1. Carotid Body Resection

Carotid body resection is covered when criteria are met. See the NCD for Carotid Body Resection/Carotid Body Denervation (20.18). (Accessed June 3, 2019)

2. Non-invasive Test of Carotid Function (Direct and Indirect)

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) for coverage guideline. (Accessed June 3, 2019)
Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/ LCAs are available at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. (Accessed June 3, 2019)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

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<tbody>
<tr>
<td>06/18/2019</td>
<td>Guideline 1 (Carotid Body Resection)</td>
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