

Carotid Body Resection/Carotid Body Denervation (NCD 20.18)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guideline

- [Category III CPT Codes](#)

Related Medicare Advantage Coverage Summary

- [Carotid Procedures and Testing](#)

Policy Summary

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Overview

Carotid body resection is occasionally used to relieve pulmonary symptoms, including asthma, but has been shown to lack general acceptance of the professional medical community. In addition, controlled clinical studies establishing the safety and effectiveness of this procedure are needed.

Denervation of a carotid sinus to treat hypersensitive carotid sinus reflex is another procedure performed in the area of the carotid body. In the case of hypersensitive carotid sinus, light pressure on the upper part of the neck (such as might be experienced when turning or raising one's head) results in symptoms such as dizziness or syncope due to hypotension and slowed heart rate. Failure of medical therapy and continued deterioration in the condition of the patient in such cases may indicate need for surgery.

Guidelines

All carotid body resections to relieve pulmonary symptoms must be considered investigational and cannot be considered reasonable and necessary within the meaning of section 1862(a) (l) of the Act. No program reimbursement may be made in such cases. However, there is one instance where carotid body resection has been accepted by the medical community as effective. That instance is when evidence of a mass in the carotid body, with or without symptoms, indicates the need for surgery to remove the carotid body tumor.

Denervation of the carotid sinus is rarely performed, but when elected as the therapy of choice with the above indications, this procedure may be considered reasonable and necessary.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
60600	Excision of carotid body tumor; without excision of carotid artery
60605	Excision of carotid body tumor; with excision of carotid artery

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Diagnosis Code	Description
C75.4	Malignant neoplasm of carotid body
D35.5	Benign neoplasm of carotid body
D44.6	Neoplasm of uncertain behavior of carotid body

ICD Procedure Code	Description
0GB60ZX	Excision of left carotid body, open approach, diagnostic
0GB60ZZ	Excision of left carotid body, open approach
0GB63ZX	Excision of left carotid body, percutaneous approach, diagnostic
0GB63ZZ	Excision of left carotid body, percutaneous approach
0GB64ZX	Excision of left carotid body, percutaneous endoscopic approach, diagnostic
0GB64ZZ	Excision of left carotid body, percutaneous endoscopic approach
0GB70ZX	Excision of right carotid body, open approach, diagnostic
0GB70ZZ	Excision of right carotid body, open approach
0GB73ZX	Excision of right carotid body, percutaneous approach, diagnostic
0GB73ZZ	Excision of right carotid body, percutaneous approach
0GB74ZX	Excision of right carotid body, percutaneous endoscopic approach, diagnostic
0GB74ZZ	Excision of right carotid body, percutaneous endoscopic approach
0GB80ZX	Excision of bilateral carotid bodies, open approach, diagnostic
0GB80ZZ	Excision of bilateral carotid bodies, open approach
0GB83ZX	Excision of bilateral carotid bodies, percutaneous approach, diagnostic
0GB83ZZ	Excision of bilateral carotid bodies, percutaneous approach
0GB84ZX	Excision of bilateral carotid bodies, percutaneous endoscopic approach, diagnostic
0GB84ZZ	Excision of bilateral carotid bodies, percutaneous endoscopic approach
0GT60ZZ	Resection of left carotid body, open approach
0GT64ZZ	Resection of left carotid body, percutaneous endoscopic approach
0GT70ZZ	Resection of right carotid body, open approach
0GT74ZZ	Resection of right carotid body, percutaneous endoscopic approach
0GT80ZZ	Resection of bilateral carotid bodies, open approach
0GT84ZZ	Resection of bilateral carotid bodies, percutaneous endoscopic approach

References

CMS National Coverage Determinations (NCDs)

[NCD 20.18 Carotid Body Resection/Carotid Body Denervation](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
06/10/2020	<ul style="list-style-type: none">Routine review; no change to guidelines Supporting Information <ul style="list-style-type: none">Archived previous policy version MPG042.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).