

# Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)

Guideline Number: MPG239.08  
Approval Date: February 10, 2021

[↪ Terms and Conditions](#)

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<p><b>Related Medicare Advantage Reimbursement Policy</b></p> <ul style="list-style-type: none"> <li><a href="#">Global Days Policy, Professional</a></li> </ul>
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## Policy Summary

[↪ See Purpose](#)

### Overview

This broad NCD addresses the treatment of various vessels, however, the focus for this policy is those that are performed for the following:

- Concurrent with Carotid Stent Placement in Food and Drug Administration (FDA)-Approved Category B Investigational Device Exemption (IDE) Clinical Trials.
- Concurrent with Intracranial Stent Placement in FDA-Approved Category B IDE Clinical Trials.

This procedure involves inserting a balloon catheter into a occluded or narrow blood vessel to recanalize and dilate the vessel by inflating the balloon. The objective of PTA is to improve the blood flow through the diseased segment of a vessel so that vessel patency is increased and embolization is decreased. With the development and use of balloon angioplasty for treatment of atherosclerotic and other vascular stenoses, PTA (with and without the placement of a stent) is a widely used technique for dilating lesions of renal, peripheral, and coronary arteries.

### Guidelines

Medicare covers PTA of the carotid artery concurrent with carotid stent placement when furnished in accordance with the FDA-approved protocols governing Category B IDE clinical trials. PTA of the carotid artery, when provided solely for the purpose of carotid artery dilation concurrent with carotid stent placement, is considered to be a reasonable and necessary service when provided in the context of such a clinical trial.

Medicare covers PTA and stenting of intracranial arteries for the treatment of cerebral artery stenosis  $\geq 50\%$  in patients with intracranial atherosclerotic disease when furnished in accordance with the FDA-approved protocols governing Category B IDE clinical trials. CMS determines that coverage of intracranial PTA and stenting is reasonable and necessary under these circumstances.

## Other Guidelines

### *Treatment of Atherosclerotic Obstructive Lesions*

In the lower extremities, i.e., the iliac, femoral, and popliteal arteries, or in the upper extremities, i.e., the innominate, subclavian, axillary, and brachial arteries. The upper extremities do not include head or neck vessels.

- Of a single coronary artery for patients for whom the likely alternative treatment is coronary bypass surgery and who exhibit the following characteristics:
  - Angina refractory to optimal medical management;
  - Objective evidence of myocardial ischemia; and
  - Lesions amenable to angioplasty.
- Of the renal arteries for patients in whom there is an inadequate response to a thorough medical management of symptoms and for whom surgery is the likely alternative. PTA for this group of patients is an alternative to surgery, not simply an addition to medical management.
- Of arteriovenous dialysis fistulas and grafts when performed through either a venous or arterial approach.

### *Concurrent with Carotid Stent Placement in FDA-Approved Post Approval Studies*

Medicare covers PTA of the carotid artery concurrent with the placement of an FDA-approved carotid stent and an FDA-approved or -cleared embolic protection device for an FDA-approved indication when furnished in accordance with FDA-approved protocols governing post-approval studies. The Centers for Medicare & Medicaid Services (CMS) determines that coverage of PTA of the carotid artery is reasonable and necessary in these circumstances.

### *Concurrent with Carotid Stent Placement in Patients at High Risk for Carotid Endarterectomy (CEA)*

Medicare covers PTA of the carotid artery concurrent with the placement of an FDA-approved carotid stent with embolic protection for the following:

- Patients who are at high risk for CEA and who also have symptomatic carotid artery stenosis  $\geq 70\%$ . Coverage is limited to procedures performed using FDA-approved carotid artery stenting (CAS) systems and FDA-approved or -cleared embolic protection devices. If deployment of the embolic protection device is not technically possible, and not performed, then the procedure is not covered by Medicare;
- Patients who are at high risk for CEA and have symptomatic carotid artery stenosis between 50% and 70%, in accordance with the Category B IDE clinical trials regulation (42 CFR 405.201), as a routine cost under the clinical trials policy (Medicare National Coverage Determination (NCD) Manual 310.1), or in accordance with the NCD on (CAS) post-approval studies (Medicare NCD Manual 20.7);
- Patients who are at high risk for CEA and have asymptomatic carotid artery stenosis  $\geq 80\%$ , in accordance with the Category B IDE clinical trials regulation (42 CFR 405.201), as a routine cost under the clinical trials policy (Medicare NCD Manual 310.1), or in accordance with the NCD on CAS post-approval studies (Medicare NCD Manual 20.7).

Coverage is limited to procedures performed using an FDA-approved CAS, stents and FDA-approved or -cleared embolic protection devices.

The use of an FDA-approved or cleared embolic protection device is required. If deployment of the embolic protection device is not technically possible, and not performed, then the procedure is not covered by Medicare.

Patients at high risk for CEA are defined as having significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection), and would be poor candidates for CEA. Significant comorbid conditions include but are not limited to:

- Congestive heart failure (CHF) class III/IV;
- Left ventricular ejection fraction (LVEF)  $< 30\%$ ;
- Unstable angina;
- Contralateral carotid occlusion;
- Recent myocardial infarction (MI);
- Previous CEA with recurrent stenosis;
- Prior radiation treatment to the neck; and

- Other conditions that were used to determine patients at high risk for CEA in the prior carotid artery stenting trials and studies, such as ARCHER, CABERNET, SAPPHIRE, BEACH, and MAVERIC II.

Symptoms of carotid artery stenosis include carotid transient ischemic attack (distinct focal neurological dysfunction persisting less than 24 hours), focal cerebral ischemia producing a nondisabling stroke (modified Rankin scale < 3 with symptoms for 24 hours or more), and transient monocular blindness (amaurosis fugax). Patients who have had a disabling stroke (modified Rankin scale ≥ 3) shall be excluded from coverage.

The determination that a patient is at high risk for CEA and the patient’s symptoms of carotid artery stenosis shall be available in the patient medical records prior to performing any procedure.

The degree of carotid artery stenosis shall be measured by duplex Doppler ultrasound or carotid artery angiography and recorded in the patient's medical records. If the stenosis is measured by ultrasound prior to the procedure, then the degree of stenosis must be confirmed by angiography at the start of the procedure. If the stenosis is determined to be <70% by angiography, then CAS should not proceed.

In addition, CMS has determined that CAS with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure and follow-up necessary to ensure optimal patient outcomes. Standards to determine competency include specific physician training standards, facility support requirements and data collection to evaluate outcomes during a required reevaluation.

The CMS has created a list of minimum standards modeled in part on professional society statements on competency. All facilities must at least meet CMS’s standards in order to receive coverage for CAS for high-risk patients.

## Nationally Non-Covered Indications

All other indications for PTA with or without stenting to treat obstructive lesions of the vertebral and cerebral arteries remain noncovered.

All other indications for PTA without stenting for which CMS has not specifically indicated coverage remain noncovered.

## Other

CMS has created facility standards in order to receive coverage for carotid artery stenting in high risk patients. A list of certified facilities is available and viewable at: [Carotid Artery Stenting Facilities](#).

## 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
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

*CPT® is a registered trademark of the American Medical Association*

Modifier	Description
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study

ICD Procedure Code	Description
037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037G35Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037G36Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037G37Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach
037G3EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Approach
037G3FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Approach
037G3GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Approach
037G44Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037G45Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037G46Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037G47Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037G4DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037G4EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037G4FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037G4GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037H34Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037H35Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037H36Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037H37Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037H3EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
037H3FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach
037H3GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach
037H44Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037H45Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037H46Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037H47Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037H4DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach

ICD Procedure Code	Description
037H4EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037H4FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037H4GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037J34Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037J35Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037J36Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037J37Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037J3EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
037J3FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach
037J3GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach
037J44Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037J45Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037J46Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037J47Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037J4DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037J4EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037J4FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037J4GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037K34Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037K35Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037K36Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
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037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
037K3EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
037K3FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach
037K3GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach
037K44Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

ICD Procedure Code	Description
037K45Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037K46Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037K47Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037K4DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037K4EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037K4FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037K4GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037L34Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
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037L3EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
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037L46Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037L47Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037L4DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037L4EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037L4FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037L4GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037M34Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037M35Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037M36Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach

ICD Procedure Code	Description
037M37Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach
037M3EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
037M3FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach
037M3GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach
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037M4FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037M4GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037N34Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037N35Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
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037N37Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach
037N3EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach
037N3FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach
037N3GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach
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037N45Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037N46Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037N47Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037N4DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037N4EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037N4FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach

ICD Procedure Code	Description
037N4GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach

## References

### CMS National Coverage Determinations (NCDs)

[NCD 20.7 Percutaneous Transluminal Angioplasty \(PTA\)](#)

Related NCD: [NCD 310.1 Routine Costs in Clinical Trials](#)

### CMS Claims Processing Manual

[Chapter 32; § 68 Investigational Device Exemption \(IDE\), § 69 Qualifying Clinical Trials, § 160 PTA for Implanting the Carotid Stent § 161 Intracranial PTA with Stenting](#)

### CMS Transmittal(s)

[Transmittal 212, Change Request 11118, Dated 01/18/2019 \(Update to Pub. 100-03 to Provide Language-Only Changes for the New Medicare Card Project\)](#)

[Transmittal 1537, Change Request 9252, Dated 08/21/2015 \(ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations \(NCDs\)–3rd Maintenance CR\)](#)

[Transmittal 1580, Change Request 9252, Dated 12/03/2015 \(ICD-10 Conversion/Coding Infrastructure Revisions to National Coverage Determinations \(NCDs\)–3rd Maintenance CR\)](#)

[Transmittal 1665, Change Request 9631, Dated 05/13/2016 \(Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 1672, Change Request 9631, Dated 06/03/2016 \(Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 1708, Change Request 9751, Dated 08/19/2016 \(Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 1753, Change Request 9751, Dated 11/17/2016 \(Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 2202, Change Request 11005, Dated 11/09/2018 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 2348, Change Request 11392, Dated 08/09/2019 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)– January 2020 Update\)](#)

[Transmittal 2362, Change Request 11392, Dated 09/19/2019 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–January 2020 Update\)](#)

### MLN Matters

[Article MM5022, Clarification on Billing Requirements for Percutaneous Transluminal Angioplasty \(PTA\) Concurrent with the Placement of an FDA-approved Carotid Stent](#)

[Article MM9751, Revised, Coding Revisions to National Coverage Determination \(NCDs\)](#)

[Article MM11005, International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#)

[Article MM11392, International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – January 2020 Update](#)

[Article SE1119, National Coverage Determination \(NCD\) for Percutaneous Transluminal Angioplasty \(PTA\) \(20.7\)](#)

### Other(s)

[Mandatory Reporting of National Clinical Trial \(NCT\) Identifier, CMS Website](#)



## 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	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
02/10/2021	<b>Applicable Codes</b> <ul style="list-style-type: none"><li>Removed:<ul style="list-style-type: none"><li>Modifier code FB</li><li>ICD-10 procedure codes 037G346, 037G356, 037G366, 037G376, 037G3D6, 037G3E6, 037G3F6, 037G3G6, 037G446, 037G456, 037G466, 037G476, 037G4D6, 037G4E6, 037G4F6, 037G4G6, 037H346, 037H356, 037H366, 037H376, 037H3D6, 037H3E6, 037H3F6, 037H3G6, 037H446, 037H456, 037H466, 037H476, 037H4D6, 037H4E6, 037H4F6, 037H4G6, 037J346, 037J356, 037J366, 037J376, 037J3D6, 037J3E6, 037J3F6, 037J3G6, 037J446, 037J456, 037J466, 037J476, 037J4D6, 037J4E6, 037J4F6, 037J4G6, 037K346, 037K356, 037K366, 037K376, 037K3D6, 037K3E6, 037K3F6, 037K3G6, 037K446, 037K456, 037K466, 037K476, 037K4D6, 037K4E6, 037K4F6, 037K4G6, 037L346, 037L356, 037L366, 037L376, 037L3D6, 037L3E6, 037L3F6, 037L3G6, 037L446, 037L456, 037L466, 037L476, 037L4D6, 037L4E6, 037L4F6, 037L4G6, 037M346, 037M356, 037M366, 037M376, 037M3D6, 037M3E6, 037M3F6, 037M3G6, 037M446, 037M456, 037M466, 037M476, 037M4D6, 037M4E6, 037M4F6, 037M4G6, 037N346, 037N356, 037N366, 037N376, 037N3D6, 037N3E6, 037N3F6, 037N3G6, 037N446, 037N456, 037N466, 037N476, 037N4D6, 037N4E6, 037N4F6, and 037N4G6</li></ul></li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version MPG239.07</li></ul>

## 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](#).