



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Renal Sympathetic Nerve Ablation**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " Renal Sympathetic Nerve Ablation " for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

Kaiser Permanente has elected to use the Renal Sympathetic Nerve Ablation, Radiofrequency (A-1034) MCG* guideline for medical necessity determinations. This service is not covered per MCG* guidelines. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting review for this service, please send the following documentation:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Renal sympathetic nerve ablation involves introduction of a catheter into the renal artery, with subsequent ablation of the sympathetic nerves of the artery and its branch vessels via use of a radiofrequency generator. Angiography is used to direct the procedure. Ablation of the sympathetic nerves is intended to reduce overall sympathetic drive and therefore improve blood pressure, especially in patients with resistant hypertension.

Applicable Codes

Considered Not Medically Necessary:

CPT® or HCPC Codes	Description
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
05/01/2021	05/04/2021 ^{MPC} , 05/03/2022 ^{MPC} , 05/02/2023 ^{MPC}	

^{MPC} Medical Policy Committee

Revision History	Description
05/04/2021	MPC approved to adopt MCG A-1034 for Renal Sympathetic Nerve ablation. Requires 60-day notice, effective October 1, 2021.