KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria
Vertebral Artery Angioplasty / Stenting

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Percutaneous Transluminal Angioplasty (20.7)
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Kaiser Permanente has elected to use the Vertebral Artery Angioplasty, with or without Stent Placement (A-0233) MCG* for medical necessity determinations. This service is not covered per MCG. 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.

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

Vertebral artery angioplasty for stroke prevention, with or without stenting (also called endovascular intervention), has had high technical success for patients sustaining recurrent vertebrobasilar transient ischemic attacks or strokes; however, long-term outcome data are limited. (per MCG)

Applicable Codes

Considered not medically necessary:

CPT® or HCPC Codes	Description
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)

Back to Top

***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**.

Date Created	Date Reviewed	Date Last Revised
01/17/2019	02/05/2019[MPC], 03/03/2020[MPC], 03/02/2021[MPC], 03/01/2022[MPC] , 03/07/2023[MPC]	

[MPC] Medical Policy Committee

Revision History	Description

Back to Top