



Carotid Artery Stenting 2023

New Medicare Guidelines

Changes were released to the Medicare National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty of the Carotid Artery Concurrent with Stenting on October 11, 2023. The changes are based on a request from the Multispecialty Carotid Alliance and successfully implemented with the help of SCAI's advocacy. This document summarizes the new requirements.

Stenting is considered reasonable and necessary with:

- Use of FDA approved carotid stent
- Use of FDA approved or cleared embolic protection device

And in patients with:

- Symptomatic carotid artery stenosis equal to or greater than 50%
- Asymptomatic carotid artery stenosis equal to or greater than 70%

When the following have been completed:

- Neurological assessment by a neurologist or NIH stroke scale (NIHSS) certified health professional before and after carotid artery stenting
- Use of duplex ultrasound for first-line evaluation of carotid artery stenosis
- Computed tomography angiography or magnetic resonance angiography, if not contraindicated to confirm the degree of stenosis and information about the aortic arch, and extra- and intracranial circulation
- Intra-arterial digital subtraction (catheter) angiography may be used only when there is significant discrepancy between non-invasive imaging results, or in lieu of computed tomography angiography or magnetic resonance angiography if these are contraindicated
- Formal shared decision-making with the patient

Shared decision-making must include:

- Discussion of all treatment options including: carotid endarterectomy, stenting including transcarotid artery revascularization, and optimal medical therapy
- Explanation of risks and benefits for each option specific to the beneficiary
- Integration of clinical guidelines (e.g., patient comorbidities and concomitant treatments)
- Discussion and incorporation of beneficiary's personal preferences and priorities

Carotid Artery Stenting 2023

New Medicare Guidelines

The procedure must be done in a facility that maintains the following standards:

- Have a clearly delineated program for granting carotid stent privileges and for monitoring patient outcomes for individual physicians and the program as a whole
- Have appropriately trained staff capable of fulfilling roles and responsibilities as delineated under the dedicated carotid stent program
- Have appropriate supporting personnel and equipment for imaging, emergency management, advanced physiologic monitoring, and other ancillary care
- Ensure continuous quality improvement by assessing procedural outcomes and making necessary programmatic adjustments to assure patient safety
- The oversight committee shall identify the minimum case volume for a physician to maintain privileges, as well as the (risk-adjusted) threshold for complications before suspending privileges or instituting measures for remediation. Committees are encouraged to apply published standards from specialty societies and widely-used, published professional society guidelines to determine appropriate physician qualifications.
- Accreditation or certification is not required by the NCD

[Review the decision memo](#)