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
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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