

CPT ADVISOR

Sean P. Roddy, MD, Section Editor

Carotid stenting versus endarterectomy in patients undergoing reintervention after prior carotid endarterectomy

In 2013, there was no CPT code to report retrograde intravascular stent placement in the intrathoracic common carotid artery through an open cervical carotid artery exposure. CPT code 37215 (*Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*) only applies to extrathoracic carotid artery stenting, not intrathoracic. Also, it mandates “percutaneous” vascular access in the code description as opposed to “open” vascular access. The bundled Category III CPT code 0075T (*Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel*) also requires “percutaneous” vascular access. Lastly, CPT codes 37205 (*Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel*) and 37207 (*Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel*) specifically prohibit usage in the carotid territory. Therefore, CPT code 37799 (unlisted vascular procedure) was the only reasonable alternative.

In 2014, under the direction of the Society for Vascular Surgery, a new bundled Category I CPT code will become effective. The new CPT code 37217, effective January 1, 2014, states, “*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation.*” It is used to report retrograde treatment of the intrathoracic common carotid artery and/or the innominate artery through an open cervical carotid artery exposure where the catheter is advanced from the common carotid artery in the neck toward the aortic arch. This is a bundled service which includes open surgical exposure of the cervical carotid artery and standard closure of the arteriotomy by suture, all retrograde access and catheterization of the vessel to traverse the lesion, any radiological supervision and interpretation directly related to the intervention

when performed (ie, includes the diagnostic angiogram), and the intervention(s) itself (ie, the stenting and angioplasty) with completion angiography.

CPT code 37217 specifically does not include other carotid artery revascularization services that may be performed during the same session, such as carotid endarterectomy or carotid-subclavian artery bypass grafting. If a patient undergoes both carotid endarterectomy and retrograde intrathoracic common carotid artery stent placement in the same session, both CPT codes 35301 and 37217 would be submitted to the insurance carrier. The lower-valued code would be subject to the multiple procedure discount. Under the code description in a parenthetical, the CPT manual lists several examples of procedures that may be separately reported when performed in the same setting as CPT code 37217. This includes but is not limited to CPT codes 33891 (*Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision*), 35301 (*Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*), 35509 (*Bypass graft, with vein; carotid-contralateral carotid*), 35510 (*Bypass graft, with vein; carotid-brachial*), 35601 (*Bypass graft, with other than vein; common carotid-ipsilateral internal carotid*), and 35606 (*Bypass graft, with other than vein; carotid-subclavian*).

CPT codes 35201 (*Repair blood vessel, direct; neck*), 35458 (*Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel*), 36221-36227 (*Diagnostic Studies of Cervicocerebral Arteries*), and 75962 (*Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation*) are inherent to the service and cannot be reported with CPT code 37217 in the same session for the ipsilateral carotid artery. Lastly, remember that CPT codes 0075T and 0076T are still used for *percutaneous* transcatheter placement of intrathoracic carotid artery stent(s).

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Sean P. Roddy, MD
The Vascular Group, PLLC
43 New Scotland Avenue
MC157
Albany, NY 12208
(e-mail: roddys@albanyvascular.com)