CLINICAL MEDICAL POLICY	
Policy Name:	Percutaneous Transluminal Angioplasty (PTA) (NCD 20.7)
Policy Number:	MP-056-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	TBD; 06/01/2025; 06/01/2024; 06/01/2023; 07/01/2022; 06/18/2021; 06/29/2020; 07/15/2019; 06/01/2018
Effective Date:	12/26/2026
Next Annual Review:	N/A
Revision Date:	05/21/2025; 05/17/2024; 05/17/2023; 05/18/2022; 05/19/2021; 05/20/2020; 05/15/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded

RETIRE

Date	Activity
12/26/2026	Retirement Effective date
05/20/2026	QI/UM Committee Review
05/20/2026	Policy to be Retired. InterQual criteria exist for all procedure codes listed in 'Coding Requirements' section.
07/01/2025	Provider Effective date
05/21/2025	QI/UM Committee review
05/21/2025	Annual Review: No changes to clinical criteria. Updated 'Reference
07/01/2024	Provider Effective date
05/17/2024	QI/UM Committee review
05/17/2024	Annual Review: No changes to clinical criteria. Updated 'Reference
07/01/2023	Provider Effective date
05/17/2023	QI/UM Committee review
05/17/2023	Annual Review: No change to clinical criteria. Updated 'Reference
08/01/2022	Provider Effective date
05/18/2022	QI/UM Committee review
05/18/2022	Annual Review: Updated ICD-10 diagnosis coding requirements per
07/19/2021	Provider Effective Date
05/19/2021	QI/UM Committee Review
05/19/2021	Annual Review: New Medicare policy format implemented. Added

03/06/2018	Initial policy developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary Percutaneous Transluminal Angioplasty (PTA).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.
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Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.

2. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

3. Place of Service

Please refer to the NCD, LCD, LCA or CMS guidelines for the proper place of service for percutaneous transluminal angioplasty (PTA).

Coverage Determination and Links

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Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specified LCD/LCA.

CMS Link

- CMS Website

NCD/LCD Link

- NCD:
- There are no current LCDs related to this topic

Article Links

- CMS Transmittal with Revised Coding Guidelines
- CMS Transmittal

Coding Requirements

37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37799	Unlisted procedure, vascular surgery

Diagnosis Codes
Indications for PTA of the Carotid Artery Concurrent with Stenting (must bill one of these primary codes to meet coverage under 20.7B2, 20.7B3, & 20.7B4 sections of the NCD 20.7)

ICD-10 Code	Description
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries

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Indications for PTA and Stenting of Intracranial Arteries (must bill code I67.2 and one of these primary codes to meet coverage under 20.7B5 of NCD 20.7)

ICD-10 Code	Description
I67.2*	Cerebral atherosclerosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.8	Occlusion and stenosis of other cerebral arteries

Code Z00.6 must be applied for Clinical Trial Billing (clinical trial participation required for all claims under 20.7B2, 20.7B3, 20.7B5, and 20.7B4 sections of NCD 20.7 only when patients are high risk for CEA and symptomatic with 50-70% carotid artery stenosis or asymptomatic with ≥80% carotid artery stenosis)

ICD-10 Code	Description
Z00.6	Encounter for examination for normal comparison and control in clinical

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Percutaneous Transluminal Angioplasty (PTA) (20.7). Effective Date January 1, 2013. Implemented on March 11, 2013. Accessed on April 29, 2025.

Centers for Medicare and Medicaid Services (CMS). MLN Matters Article MM11005. CMS Manual System, Transmittal 2202. Effective Date April 1, 2019. Accessed on April 29, 2025.

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Centers for Medicare and Medicaid Services (CMS). CMS Transmittal 1925. March 5. 2010. Accessed on April 29, 2025

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