

### **Case Example 2: Retrieval of LICA clot with stenting of left internal carotid artery**

The patient presented with symptoms of cerebrovascular accident. Selective injection of the right vertebral artery showed an unremarkable posterior fossa circulation. Selective injection of the right common carotid showed moderate disease in the bifurcation with 50-60% narrowing. There was good filling of the right anterior circulation. The filling of the left ACA from the right side was very limited, and there appeared to be an occlusion of the left A1 segment.

Selective injection of the left common carotid artery showed a complete occlusion of the left internal carotid artery. Injection of the left internal carotid artery showed an occlusion of the left internal carotid artery at the level of the carotid siphon. Microcatheter exploration showed occlusion of the left M1 segment and a large amount of clot filling the petrous and cavernous carotid, extending to the left A1 segment

The proximal stenosis of the left internal carotid artery was treated with a stent. This allowed for sheath placement in the left internal carotid artery. The Merci<sup>®</sup> Microcatheter was then passed to the left M1 segment. A pass was made with the Merci Retriever<sup>®</sup> and a large amount of clot was retrieved. The Merci Microcatheter was placed in the distal M1 segment and additional intra-arterial tPA was given. Final injection of the left internal carotid artery showed recanalization of the ICA and M1 segment, though there were still multiple branch occlusions of the distal MCA.

#### **ICD-9-CM Diagnosis Codes**

434.01 - cerebral artery thrombosis with cerebral infarction

433.11 - carotid artery occlusion with cerebral infarction

#### **CPT Codes**

37216 - stenting of left internal carotid artery without distal embolic protection

37184 - thrombectomy, secondary, left internal carotid artery

36217-LT - catheterization of left middle cerebral artery

36217-RT - catheterization of right vertebral artery

36218-RT - catheterization of right common carotid artery

75676 - arteriogram, right cervical carotid

75665 - arteriogram, right cerebral carotid

75685 - arteriogram, right vertebral

75774 - additional selective angiography of left middle cerebral artery

#### **Discussion**

When clinical documentation demonstrates that thrombectomy was the focus of pre-treatment planning and was the primary reason for treatment, then a primary thrombectomy is coded. In this case, the primary problem was the ICA clot extending into the M1. Stenting was performed for access to the intracranial circulation.

The carotid artery stent code 37216 includes all related catheterization and imaging on the ipsilateral side. Catheterization of the M1 segment is distinct and coded separately.

Note that complete dictation and documentation of the focus of treatment is essential. When it is not clearly stated that clot is a primary reason for intervention, particularly when clot is at a more distal location than stenosis, the thrombus can be viewed as having complicated the stenting procedure requiring a secondary thrombectomy. Also note that carotid artery stenting without the use of distal embolic protection is a non-covered service for Medicare and not reimbursed.

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