

Cost Implications of Expansion of Coverage for Carotid Stenting

- Expansion of coverage will lead to more carotid stenting procedures being performed
- Carotid stenting is more expensive than carotid endarterectomy due to endovascular equipment and instrumentation
- US Nationwide Inpatient Sample for 3 years placed cost for stenting at \$12,000- \$13,500 more than carotid endarterectomy

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- Advertisement by companies already suggesting that the expanded coverage to asymptomatic patients will be “a revenue generator”
- Medicare 2007 and CMS in 2008 and 2009 decided NOT to expand coverage due to lack of risk benefit ratio and anticipated increased costs

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- Park et al J Vasc Surg 2006;44:270-6
- Single-center hospital cost comparison for CEA(48 pts) vs CAS(46 pts)
- Total costs: \$12,112.28 vs \$17,402.40
CEA vs CAS, $p=.03$
- Direct costs: \$7227.18 vs \$10,552.56
CEA vs CAS, $p=.017$

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- Paskawar et al J Am Coll Surg 2007;205:413-9
- Single-center hospital cost comparison for CEA(31pts) vs CAS(31pts)
- Total Direct Costs \$3,765.12 vs \$8,219.55 CEA vs CAS, $p<.001$
- Mean Procedural Costs: \$2,720.00 vs \$7,543.61 CEA vs CAS, $p<.001$

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- Young et al J Stroke Cerebrovasc Dis 2010;19:404-9.
- Cost Comparison of CEA vs CAS standardized to 2007 US \$ using Consumer Price Index for medical goods
- Lifetime Costs: \$35,200 vs \$52,900 for CEA vs CAS, respectively

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- Eslami et al J Vasc Surg 2011;53:307-15
- Cost Comparison of CEA (358,058 pts) vs CAS (46,198 pts) using US Nationwide Inpatient Sample for 2005, 2006 and 2007
- Mean Total Hospital Charges 2005-
\$17,511 vs \$29,841 for CEA vs CAS,
 $p < .0001$
- For 2006, \$18,873 vs \$32,340 , $p < .0001$
- For 2007, \$21,169 vs \$33,485, $p < .0001$

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Conclusions:

1. If coverage of carotid stenting is expanded to all patients with asymptomatic disease, there will be an enormous expense associated with the projected increase number of procedures performed.
2. This is in addition to the worry that perhaps they may not be needed to be done as well.