



Cardio Policy:

Ascending Aortic Graft Surgery

POLICY NUMBER UM CARDIO_1097	SUBJECT Ascending Aortic Graft Surgery		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 10/14/20, 08/11/21, 10/14/21, 10/12/22	APPROVAL DATE October 12, 2022	EFFECTIVE DATE October 28, 2022	COMMITTEE APPROVAL DATES 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 10/14/20, 08/11/21, 10/14/21, 10/12/22	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Ascending Aortic Graft Surgery.

II. DEFINITIONS

Ascending aortic graft surgery is defined as excision and surgical replacement of the most proximal portion of the diseased thoracic aorta with a graft.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care – Median Score 7-9

Maybe Appropriate Care – Median Score 4-6

Rarely Appropriate Care – Median Score 1-3

III. POLICY

Indications for Ascending Aortic Graft Surgery are as follows:

- A. Asymptomatic or asymptomatic patient with a greater than 5.5 cm ascending aortic dimension. **(AUC Score 7)^{1,2}**
- B. Diagnosed thoracic aneurysm, chronic aortic dissection, intramural hematoma, or pseudo-aneurysm. **(AUC Score 7)^{1,2}**
- C. Diagnosed with Marfan's syndrome or other genetically mediated disorder and descending aortic disease with ≥ 4.5 cm in size. **(AUC Score 7)^{1,2}**
- D. Documented aneurysm growing more than 0.5 cm/yr. in an aorta that is less than 5.5 cm in diameter. **(AUC Score 7)^{1,2}**
- E. Aortic valve replacement is planned in the presence of an ascending aorta greater than 4.5 cm. **(AUC Score 7)^{1,2}**
- F. Replacement of the entire aortic arch is reasonable for aneurysms of the entire arch, for chronic dissection when the arch is enlarged, and for distal arch aneurysms that also involve the proximal descending thoracic aorta, usually with the elephant trunk procedure. **(AUC Score 7)^{1,2}**

Limitations

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. To review a request for medical determination, the following items must be submitted for review
 - 1. Most recent Cardiology or Cardiothoracic surgeon's note
 - 2. Cardiac Catheterization or thoracic vascular imaging report
- B. Primary codes appropriate for this service are: 33860, 33861, 33863, 33864, 33870, 33530 – Reoperation, CABG or Valve surgery, more than 1 month after original operation
- C. Place/Site of Service: Inpatient hospital (21)

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Hiratzka LF, et al. 2010 ACCF/AHA/AATS/ACR/ASA/SCA/SCAI/SIR/STS/SVM Guidelines for the diagnosis and management of patients with thoracic aortic disease. A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, American Association for Thoracic Surgery, American College of Radiology, American Stroke Association, Society of Cardiovascular Anesthesiologists, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of Thoracic Surgeons, and Society for Vascular Medicine. Journal of the American College of Cardiology April 2010; Volume 55 Issue 14, Pages e27-e129.

2. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305- 1317.
3. NCQA UM 2022 Standards and Elements.