New Century Health

Cardio Policy:

Endo Vascular Abdominal Aortic and Iliac Artery Aneurysm Repair

POLICY NUMBER UM CARDIO_1162	**SUBJECT** Endo Vascular Abdominal Aortic and Iliac Artery Aneurysm Repair		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 02/18/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/02/18, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	**APPROVAL DATE** September 14, 2022	**EFFECTIVE DATE** September 30, 2022	**COMMITTEE APPROVAL DATES** 09/09/11, 01/09/13, 02/18/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/02/18, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	
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 Endo Vascular Abdominal Aortic Aneurysm (AAA) repair.

II. DEFINITIONS

Endo vascular Abdominal Aortic Aneurysm repair is defined as treatment of an AAA through image-guided placement of a stent-graft device (endoprosthesis) within the native abdominal aorta, securing device fixation to the vascular wall proximal and distal to the diseased aneurysmal segment(s), thus eliminating AAA sac.

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

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity:

A. Endo vascular AAA repair with infrarenal or juxta renal AAAs measuring 5.5 cm or larger should be done to eliminate the risk of rupture. **(AUC Score 9)**[1,2,3,4]

B. Endo vascular AAA repair can be beneficial in asymptomatic patients with infrarenal or juxta renal AAA measuring 5.0 to 5.4 cm in diameter. **(AUC Score 5)**[1,2,3,4]

C. Elective Endovascular AAA repair at 4.5-5.0 cm is indicated for rapid expansion of AAA (>1 cm/year) as they are prone for increase rupture risk. **(AUC Score 7)**[1,2,3,4]

D. For women, AAA with greater than average rupture risk, elective repair at 4.5 cm to 5.0 cm is an appropriate threshold for repair. **(AUC Score 6)**[1,2,3,4]

E. Endo vascular AAA repair is probably indicated in patients with suprarenal or type IV thoracoabdominal aortic aneurysms larger than 5.5 to 6.0 cm. **(AUC Score 6)**[1,2,3,4]

F. In patients with symptomatic aortic aneurysm, repair is indicated regardless of diameter. **(AUC Score 9)**[1,2,3,4]

G. Endo vascular repair of infrarenal AAAs and/or common iliac aneurysm is indicated in patients who are good candidates. **(AUC Score 9)**[1,2,3,4]

H. Endo vascular repair of common iliac aneurysm (> 2.5 cm) with or without infra renal AAA is indicated in patient presenting with claudication of buttocks or erectile dysfunction. **(AUC Score 8)**[1,2,3,4]

I. Endovascular repair of infrarenal aortic and/or common iliac aneurysm is reasonable in patients who are at high risk of complications from open repair because of coexisting medical conditions such as cardiac, pulmonary, or renal dysfunction, which present a high operative and/or anesthesia risk **(AUC Score 5)**[1,2,3,4]

J. Endovascular AAA repair has been used as an alternative therapy for patients who are unsuitable for open repair as well as for those who would be well suited for traditional open surgical AAA repair. **(AUC Score 9)**[1,2,3,4]

K. Surveillance following Endovascular AAA repair can be performed at 1, 6 and 12 months with CT Angiography. If neither an endo leak nor residual AAA sac enlargement is detected on initial annual post Endovascular AAA repair CTA imaging, then patient can be followed up with annual color doppler duplex ultrasound study.

Limitations:

A. Endovascular AAA repair is not indicated for asymptomatic infrarenal or juxta renal AAA measuring < 5.0 cm in men or < 4.5 cm diameter in women.

B. Contraindications for EVAR are related to anatomic or clinical factors that renders a patient unsuitable for this therapy.

C. Patients who cannot comply with the periodic long-term surveillance required after endovascular repair should instead be considered for open repair.

D. 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. In order to review a request for medical necessity, the following items must be submitted for review

B. Primary codes appropriate for this service: 34701, 34702-3471, 34808, 34812, 34813, 34820, 34833, 34834, 34841-34848.

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. Chaikof EL, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. Journal of Vascular Surgery. Jan 2018, Volume 67, Issue 1, Pages 2-77.
2. Rooke TW, et al. American College of Cardiology Foundation Task Force; American Heart Association Task Force. Management of patients with peripheral artery disease (compilation of 2005 and 2011 ACCF/AHA Guideline Recommendations): a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. April 2013, Volume 61, Issue 14, Pages 1555-70.
3. Walker TG, et al. Clinical practice guidelines for endovascular abdominal aortic aneurysm repair: written by the Standards of Practice Committee for the Society of Interventional Radiology and endorsed by the Cardiovascular and Interventional Radiological Society of Europe and the Canadian Interventional Radiology Association. Journal of Vascular and Interventional Radiology. Nov 2010. Volume 21, Issue 11, Pages 1632-55.
4. 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.
5. NCQA UM 2022 Standards and Elements.