



Cardio Policy: Aorto-Renal Endarterectomy or Bypass Surgery

POLICY NUMBER UM CARDIO_1268	SUBJECT Aorto-Renal Endarterectomy or Bypass Surgery		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 05/24/16, 11/28/16, 12/21/16, 10/10/17, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 10/18/23	APPROVAL DATE October 18, 2023	EFFECTIVE DATE October 27, 2023	COMMITTEE APPROVAL DATES 05/24/16, 11/28/16, 12/21/16, 10/10/17, 03/07/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 10/18/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
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 Aorto-Renal Endarterectomy or Bypass Surgery.

II. DEFINITIONS

Renal artery stenosis is the narrowing of one or both renal arteries. The renal arteries are blood vessels that carry blood to the kidneys from the aorta-the main blood vessel that carries blood from the heart to arteries throughout the body. About 90 percent of RAS is caused by atherosclerosis-clogging, narrowing, and hardening of the renal arteries. Most other cases of RAS are caused by fibromuscular dysplasia (FMD)-the abnormal development or growth of cells on the renal artery walls-which can cause blood vessels to narrow.

Although surgery has been used in the past for treatment of RAS due to atherosclerosis, recent studies have not shown improved outcomes with surgery compared with medication. However, surgery may be recommended for people with RAS caused by FMD or RAS that does not improve with medication. In an endarterectomy, the plaque is cleaned out of the artery, leaving the inside lining smooth and clear. To create a bypass, a vein or synthetic tube is used to connect the kidney to the aorta. This new path serves as an alternate route for blood to flow around the blocked artery into the kidney. These procedures are not performed as often as in the past due to a high risk of complications during and after the procedure.

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 determining medical necessity are:

- A. Patients with fibro-muscular dysplastic RAS with complex disease that extends into the segmental arteries and those having macro-aneurysms and not a candidate for Percutaneous intervention. **(AUC Score 8)^{1,2}**
- B. Patients with atherosclerotic RAS with multiple small renal arteries or early primary branching of the main renal artery and is not a candidate for Percutaneous Intervention. **(AUC Score 8)^{1,2}**
- C. Patients with atherosclerotic RAS in combination with pararenal aortic reconstructions (in treatment of aortic aneurysms or severe aortoiliac occlusive disease). **(AUC Score 7)^{1,2}**

Limitations:

- A. Advanced disease - Creatinine level greater than 3-4 mg/dL; kidney length less than 8 cm
- B. Limited life expectancy
- C. Bleeding diathesis; recent myocardial infarction (MI)
- D. Pregnancy
- E. 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
 - 1. Cardiologist/Nephrologist/Vascular Surgeon note that prompted request
 - 2. Renal Artery Duplex/Retroperitoneal Duplex/MRA Renal/CTA Renal/Renal Angiogram reports
- B. Primary codes appropriate for this service: Aorto-Renal Bypass Surgery – 35560
- 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. Hirsch AT, et al. ACC/AHA Task Force on Practice Guidelines Writing Committee to Develop Guidelines for the Management of Patients with Peripheral Arterial Disease; American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; Vascular Disease Foundation. ACC/AHA 2005 Practice Guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic). *Circulation*. March 2006. Volume 113, Pages e463-e654.
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 2023 Standards and Elements.