Cardio Policy:

Abdominal Aorta and Iliac Aneurysm Open Repair

POLICY NUMBER UM CARDIO_1337	SUBJECT Abdominal Aortic and Iliac Artery Aneurysm Open Repair		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 01/19/14, 08/12/15, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/08/21, 09/14/22, 09/13/23	APPROVAL DATE September 13, 2023	EFFECTIVE DATE September 29, 2023	COMMITTEE APPROVAL DATES 09/09/11, 01/09/13, 01/19/14, 08/12/15, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/08/21, 09/14/22, 09/13/23	
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 Abdominal Aortic and Iliac Artery Aneurysm open repair.

II. DEFINITIONS

Abdominal aortic or Iliac artery aneurysm open repair is defined as excision and surgical replacement of the diseased segment of the abdominal 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

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. Patient with infrarenal or juxta renal AAAs measuring 5.5 cm or larger should undergo repair to eliminate the risk of rupture. **(AUC Score 9)**[1,2,3]

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

C. Repair is probably indicated in patients with suprarenal or type IV thoracoabdominal aortic aneurysms larger than 5.5 to 6.0 cm. **(AUC Score 5)**[1,2,3]

D. In patients with the clinical triad of abdominal and/or back pain, a pulsatile abdominal mass, and hypotension, immediate surgical evaluation is indicated. **(AUC Score 9)**[1,2,3]

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

F. Open repair of infrarenal AAAs and/or common iliac aneurysm is indicated in patients who are good or average surgical candidates. **(AUC Score 9)**[1,2,3]

G. Repair of common iliac aneurysm (greater than 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]

Limitations:

A. Intervention is not recommended for asymptomatic infrarenal or juxta renal AAA. if they measure less than 5.0cm in diameter in men or less than 4.5cm in diameter in woman. Endovascular repair of infrarenal aortic and/or common iliac aneurysm is reasonable in patients at high risk of complications from open operations because of cardiopulmonary or other associated diseases.

B. 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. Progress note from vascular surgeon that prompted the request
   2. Latest imaging report supporting request
   3. All non-invasive vascular studies performed applicable to the request

B. Primary codes appropriate for this service: Direct repair of aneurysm, pseudoaneurysm, or excision of aorta: 35081, with rupture: 35082; aorta and visceral vessels: 35091, with rupture: 35092; abdominal aorta and involving iliac vessels: 35102, with rupture: 35103; iliac vessels only: 35131, with rupture: 35132

C. Place/Site of Service: Inpatient hospital (21)

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

New Century Health

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Chaikof EL, et al. The care of patients with an abdominal aortic aneurysm: The Society for Vascular Surgery practice guidelines. Journal of Vascular Surgery. Oct 2009. Volume, 50, Issue 4, Supplement, Pages S2-S49.

2. Hirsch AT, et al. ACC/AHA 2005 guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): executive summary a collaborative report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease) endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation. Journal of the American College of Cardiology. March 2006, Volume 47, Issue 6, Pages 1239-1312.

3. 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.

4. 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.

5. NCQA UM 2023 Standards and Elements.