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Page: 1 of 5

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Title

Endovascular Grafts for Abdominal Aortic Aneurysms (AAA)

Description

An abdominal aortic aneurysm (AAA) is a dilatation of the abdominal portion of the body's main artery, the aorta, which results from a gradual weakening of the large vessel's wall, usually secondary to long-standing hypertension. If untreated, the likelihood of a rupture of the aneurysm increases significantly once the size of the aneurysm exceeds 5 cm. A rupture results in an 80% likelihood of death, even with emergency surgery.

In the past, AAAs have been treated electively (prior to rupture) using an open procedure which involved clamping the proximal aorta, opening the aneurysm, and inserting a graft between the healthy proximal aorta and the healthy distal aorta, to create a strong channel through which blood can continue to flow. More recently, a procedure has been developed that allows the placement of this graft endovascularly, that is, via a catheter inserted through a distal artery and threaded through the aorta to the proximal side of the aneurysm, where it is anchored proximally, and then anchored distally, creating a new channel of blood flow that relieves the pressure from the aneurysm's wall and avoids a large clot in the aneurysm which could cut off blood flow to the lower part of the body.

The main advantage of the endovascular grafting procedure versus the open surgical excision repair is the minimally invasive catheterization approach to perform the repair. Other advantages of the procedure include: the patient's accelerated recovery due to a less invasive incision in the groin and regional anesthesia administered during the procedure, decreased hospital length of stay, and a patient's return to baseline quality of life (in half the time) in comparison to the patient who has undergone an open surgical repair.

The primary concern regarding the endovascular grafting procedure versus the open surgical repair is leaking of the graft due to incomplete exclusion of the aneurysm by the graft. Repair of the graft may be required depending on the size of the leak.

The FDA approved endovascular grafts are the following:

- EBT Abdominal Aortic Endovascular Grafting System
- AneuRx® Prosthesis System
- Ancure® Aortoiliac System
- Gore Excluder®
- Zenith® AAA Endovascular Graft
- Endologix Powerlink® System

When services are covered for all Products (including Medicare HMO Blue, Medicare PPO Blue and Blue Medicare PFFS PlusRx)

We cover the use of FDA-approved endoprostheses as a treatment of abdominal aortic aneurysms in any of the following clinical situations:¹

- an aneurysmal diameter greater than 5.0 cm
- an aneurysmal diameter of 4–5.0 cm that has increased in size by 0.5 cm in the last 6 months

- an aneurysmal diameter that measures twice the size of the normal infrarenal aorta.

When services are not covered for all Products (including Medicare HMO Blue, Medicare PPO Blue and Blue Medicare PFFS PlusRx)

We **do not cover the use of endoprostheses** as a treatment of ruptured abdominal aortic aneurysms or other indications not listed above since its use is considered investigational and does not meet Blue Cross Blue Shield of Massachusetts' Medical Technology Assessment Guidelines, #350.¹

Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
 Provider Appeals
 PO Box 986065
 Boston, MA 02298

Prior to performance of service

Blue Cross Blue Shield of Massachusetts
 Case Creation/Medical Policy
 One Enterprise Drive
 Quincy, MA 02171
 Tel: 1-800-327-6716
 Fax: 1-888-641-5330

Managed care guidelines

- Authorizations are required.
- Any specialist visit requires a referral for Medicare HMO Blue Cross Blue Shield of Massachusetts.
- For all other Managed Care Plans any specialist visits requires a referral.

Indemnity and PPO guidelines

- Inpatient services authorizations are required.
- Authorizations are not required if performed in an outpatient setting.

Coding information

Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Establishment of vascular access

- CPT procedure code 34812, open femoral artery exposure for delivery of endovascular prosthesis, by groin incision; unilateral
- CPT procedure code 34820, open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision; unilateral

Introduction of catheters and guide wires

- CPT procedure code 36200, 9introduction of catheter, aorta9
- CPT procedure code 36245, selective catheter placement, arterial system, each first-order abdominal branch

Deployment of the prosthesis

- CPT procedure code 34800, endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
- CPT procedure code 34802, endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)
- CPT procedure code 34803, endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
- CPT procedure code 34804, endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
- CPT procedure code 34805, endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorta-unifemoral prosthesis
- CPT procedure code 34825, placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic aneurysm; initial vessel
- CPT procedure code 34826, placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic aneurysm; each additional vessel

Radiologic supervision

- CPT procedure code 75952, endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
- CPT procedure code 75953, placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic aneurysm, radiological supervision, and interpretation

Facility Billing

ICD-9-CM procedure code 39.71, endovascular implantation of graft in abdominal aorta

The following procedures are non-covered since they are not FDA approved and considered investigational and therefore do not meet our Medical Technology Assessment Guidelines, #350.

- CPT Category III procedure code 0078T, endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels.
- CPT Category III procedure code 0079T, placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch.
- CPT Category III procedure code 0080T, endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (2 docking limbs), radiological supervision and interpretation
- CPT Category III procedure code 0081T, placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (List separately in addition to code for primary procedure)

Policy update history

New Policy, effective 5/2008. Reviewed 4/09 MPG – Cardiology, no changes in coverage were made.

Footnotes

¹ Based upon BCBSA national policy, *Endovascular Grafts for Abdominal Aortic Aneurysm*, 7.01.67.

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