Medical Policy

Endovascular Stent Grafts for Abdominal Aortic Aneurysms

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 098

BCBSA Reference Number: 7.01.67
NCD/LCD: NA

Related Policies

- Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections, #233

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The use of endoprostheses approved by the FDA as a treatment of abdominal aortic aneurysms (AAAs) may be MEDICALLY NECESSARY as a treatment of AAAs in any of the following clinical situations:

- 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, or
- A ruptured abdominal aortic aneurysm.

The use of endoprostheses approved by the FDA as a treatment of AAAs is INVESTIGATIONAL when the above criteria are not met, including but not limited to the following clinical situations:

- Treatment of smaller aneurysms that do not meet the current recommended threshold for surgery
- Treatment of aneurysms that do meet the recommended threshold for surgery in patients who are ineligible for open repair due to physical limitations or other factors.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.
CPT Codes / HCPCS Codes / ICD-Codes

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.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>34701</td>
<td>Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)</td>
</tr>
<tr>
<td>34702</td>
<td>Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)</td>
</tr>
<tr>
<td>34703</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-unii-liiac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)</td>
</tr>
<tr>
<td>34704</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-unii-liiac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)</td>
</tr>
<tr>
<td>34705</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-liiac endograft including pre-procedure sizing and device selection, all</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>34706</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</td>
</tr>
<tr>
<td>34707</td>
<td>Endovascular repair of iliocaval artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</td>
</tr>
<tr>
<td>34708</td>
<td>Endovascular repair of iliocaval artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</td>
</tr>
<tr>
<td>34709</td>
<td>Placement of extension prosthesis(es) distal to the common iliocaval artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliocaval artery aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)</td>
</tr>
<tr>
<td>34710</td>
<td>Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliocaval artery aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated</td>
</tr>
<tr>
<td>34711</td>
<td>Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliocaval artery aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34841</td>
<td>Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)</td>
</tr>
<tr>
<td>34842</td>
<td>Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])</td>
</tr>
</tbody>
</table>
Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)

Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery)

Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery)

Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery)

ICD-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04V03DZ</td>
<td>Restriction of Abdominal Aorta with Intraluminal Device, Percutaneous Approach</td>
</tr>
<tr>
<td>04U04JZ</td>
<td>Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>04U03JZ</td>
<td>Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Approach</td>
</tr>
<tr>
<td>04V04DZ</td>
<td>Restriction of Abdominal Aorta with Intraluminal Device, Percutaneous Endoscopic Approach</td>
</tr>
</tbody>
</table>

**Description**

Conventional management of a clinically significant AAA consists of surgical excision with placement of a sutured woven graft. Surgical excision is associated with a perioperative mortality rate of 4%, which may rise to 10% in symptomatic patients. Due to this high mortality rate, endovascular prostheses have been investigated as a minimally invasive, catheter-based alternative to open surgical excision of AAAs. These devices are deployed across the aneurysm such that the aneurysm is effectively “excluded” from the circulation, with subsequent restoration of normal blood flow.
There are several types of grafts currently under investigation—straight grafts, in which both ends are anchored to the infrarenal aorta, and bifurcated grafts, in which the proximal end is anchored to the infrarenal aorta, and the distal ends are anchored to the iliac arteries. Recently, fenestrated grafts have also been investigated. These grafts are designed with openings in the wall that can be placed across the renal or celiac arteries while still protecting vessel patency through these critical arteries. In addition, extensions can be placed from inside the main endograft body into the visceral arteries to create a hemostatic seal.

Summary
Endovascular grafts can be used as minimally invasive alternatives to open surgical repair for treatment of abdominal aortic aneurysms (AAAs). Open surgical repair of AAAs has high morbidity and mortality, and endovascular grafts have the potential to reduce the operative risk associated with AAA repair. In individuals who have AAAs eligible for open repair who receive endovascular stent grafts, the evidence includes randomized controlled trials (RCTs). Relevant outcomes are overall survival, morbid events, and treatment-related morbidity and mortality. Evidence from RCTs comparing endovascular aneurysm repair (EVAR) with open repair for elective treatment of AAAs indicates that neither approach is clearly superior to the other. While EVAR is associated with an early reduction in morbidity and mortality, trials reporting outcomes at 5 years or longer have shown comparable survival rates for EVAR and open repair. Thus, the early advantage of EVAR is balanced out by a higher rate of late complications over the long term. In addition, 1 trial of patients at low-to-moderate surgical risk reported that the early benefit of EVAR was not evident in this population, raising the question of whether the early benefits of EVAR extend to patients at lower risk for open surgery. Based on these data, EVAR may be considered as an alternative to open surgery in patients who are candidates for both procedures. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

In individuals who have ruptured AAAs who receive endovascular stent grafts, the evidence includes RCTs and systematic reviews of RCTs. Relevant outcomes are overall survival, morbid events, and treatment-related morbidity and mortality. For patients with ruptured AAAs, evidence from 4 RCTs and a patient-level meta-analysis indicates that short- and intermediate-term survival following EVAR is comparable with open repair. Evidence from RCTs and nonrandomized matched comparisons has shown that EVAR is associated with lower perioperative morbidity. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

In individuals who have AAAs not eligible for open repair who receive endovascular stent grafts, the evidence includes RCTs. Relevant outcomes are overall survival, morbid events, and treatment-related morbidity and mortality. At least 2 RCTs have compared EVAR to no surgical intervention in patients ineligible for open repair, either because of aneurysm size or prohibitive surgical risk. These trials did not report superior outcomes with EVAR and thus do not support use of EVAR in this population. The evidence is sufficient to determine qualitatively that the technology is unlikely to improve the net health outcome.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2018</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>6/2017</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>9/2015</td>
<td>Added coding language.</td>
</tr>
<tr>
<td>9/2014</td>
<td>Coding information clarified.</td>
</tr>
<tr>
<td>6/2014</td>
<td>The 2nd policy statement was editorially revised to clarify that situations that do not meet the criteria in the 1st policy statement would be considered investigational.</td>
</tr>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Updated to add new CPT codes 34841-34848.</td>
</tr>
<tr>
<td>11/2013</td>
<td>Removed CPT codes 34812, 34825 &amp; 34826 and ICD-9 diagnosis codes 441.02 &amp; 447.72 as they do not meet the intent of the policy.</td>
</tr>
</tbody>
</table>
Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References
1. Blue Cross and Blue Shield Association. Endovascular Stent-Grafts for Abdominal Aortic Aneurysm Repair. TEC Assessment Program. 2001;16(2).


