

Policy Number: MP.103.MPC Last Review Date: 05/31/2022 Effective Date: 06/01/2022

Endovascular Repair/Stent for Abdominal Aortic Aneurysm

Maryland Physicians Care considers **Endovascular Repair/Stent for Abdominal Aortic Aneurysm (AAA)** and/or its major branches medically necessary members with aneurysms having morphology suitable to repair when any of the following indications are met:

- 1. Aneurysmal dilatation > 5.5 cm for men and > 5 cm for women; or
- 2. Any documented aneurysmal dilatation that has expanded in size by 0.5 cm or more in six months; or
- 3. Any symptomatic or ruptured aneurysm. The primary symptoms are tenderness on palpation and/or pain that may occur in the back, flank, groin, or abdomen. Other symptoms are related to compression of nearby structures such as veins or ureters; or
- 4. Any AAA with an aneurysmal iliac component.

NOTE: The above measurements should be obtained by computed tomography (CT) and represent the minor axis on the axial CT or any measurement perpendicular to the line of flow on a 3D reconstruction.

Limitations

1. The endovascular graft must be FDA approved for the treatment of the aneurysm

Background

According to the Society of Interventional Radiology (SIR), the occurrence of AAAs have increased threefold in the past 30 years and now affects as many as 8% of the population over the age of 65. An AAA is caused by an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood from the heart to the rest of the body. An aneurysm larger than 5 centimeters is usually considered for treatment to prevent rupture. Risk factors related to rupture include the size of the AAA diameter, the rate at which it has expanded, the patient age and smoking history. SIR reports that once an AAA has ruptured, the survival chances are low, resulting in death for 80-90% of all ruptured AAAs.

Endovascular aneurysm repair (EVAR) is used as an alternative to open surgery for the repair of ruptured and unruptured AAAs. The repair involves the placement of an



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endovascular graft within the abdominal aorta to reduce the pressure on the region. The placement is accomplished via a delivery system inserted through the femoral arteries to the aneurysms under fluoroscopic guidance. Once the graft is fixed to the aorta, the delivery system is then removed.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes		
Description		
Evasc rpr a-ao ndgft		
Evasc rpr a-ao ndgft rpt		
Evasc rpr a-unilac ndgft		
Evasc rpr a-unilac ndgft rpt		
Evac rpr a-biiliac ndgft		
Evasc rpr a-biiliac rpt		
Evasc rpr ilio-iliac ndgft		
Evasc rpr ilio-iliac rpt		
Plmt xtn prosth evasc rpr		
Dlyd plmt xtn prosth 1st vsl		
Dlyd plmt xtn prosth ea addl		
Tcat dlvr enhncd fixj dev		
Perq access & clsr fem art		
Opn fem art expos cndt crtj		
Opn ax/subcla art expos		
Opn ax/subcla art expos cndt		
Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including preprocedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous		



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	malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral
34808	Endovascular placement of iliac artery occlusion device
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34833	Open iliac exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis by arm incision, unilateral
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34841	Endovascular repair of visceral aorta (e.g. 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)
34842	Endovascular repair of visceral aorta (e.g. 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)



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34843	Endovascular repair of visceral aorta (e.g. 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)
34844	Endovascular repair of visceral aorta (e.g. 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)
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g. 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)
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g. 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)
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g. 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)
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic



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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)

References

- National Institute for Health and Clinical Excellence (NICE). Technology Appraisal Guidance No. 167. Endovascular stent-grafts for the treatment of abdominal aortic aneurysms, Issue date: March 19, 2020 https://www.nice.org.uk/guidance/NG156
- 3. Society of Interventional Radiology: Abdominal Aortic Aneurysms-interventional radiologists treat abdominal aneurysms nonsurgically. © 2018. https://www.sirweb.org/patient-center/conditions-and-treatments/aaa/
- U.S. Food and Drug Administration (FDA). Premarket Approval (PMA): ANCURE/Aortoiliac Endograft System. Applicant: Guidant Cardiac and Vascular Surgery. PMA No. P990017/S030. Decision Date: April 24, 2002. https://www.accessdata.fda.gov/cdrh_docs/pdf/P990017S030b.pdf
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