EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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**Description:**

Extracranial/intracranial (EC/IC) bypass surgery reroutes a healthy artery in the scalp to an area of the brain affected by arterial blockage. EC/IC bypass surgery has been used in the treatment of moyamoya disease, a rare, progressive, cerebrovascular disorder caused by blocked arteries at the base of the brain. EC/IC bypass surgery has been investigated for the treatment of other conditions.
EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Criteria:

- Extracranial/intracranial bypass surgery for the treatment of moyamoya disease is considered medically necessary.

- Extracranial/intracranial bypass surgery for all other indications not previously listed is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome.

These indications include, but are not limited to:

- Giant cerebral aneurysm
- Carotid aneurysm
- Vertebral aneurysm
- Ischemic cerebrovascular disease of carotid or middle cerebral arteries

Resources:

Literature reviewed 07/19/16. We do not include marketing materials, poster boards and non-published literature in our review.


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)

7. American Association of Neurological Surgeons, Huh PW. Management Options of Severe Carotid Artery Occlusive Disease; Retrospective analysis of treatment patients. 02/18/2006.


12. As'ad Ehtisham M, MBBS, FAHA; Cathy A Sila, MD. Intracranial large artery atherosclerosis. UpToDate. 2014.


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)


EXTRACRANIAL/INTRACRANIAL BYPASS SURGERY (cont.)

Resources: (cont.)


