



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 05/28/13
LAST REVIEW DATE: 06/19/18
LAST CRITERIA REVISION DATE: 06/06/17
ARCHIVE DATE:

ENDOVASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

ENDOVASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS

(cont.)

Description:

Angioplasty:

Passage of a catheter through the blood vessel to decrease obstruction and restore blood flow. Percutaneous transluminal angioplasty (PTA) uses a balloon tipped catheter which is inserted to the area of disease and then inflated to compress the plaque against the vessel wall. Other devices that can be attached to the catheter are a laser and rotating shaver to 'open' the vessel.

Endovascular Graft (Stent) Placement:

Placement of a plastic or metal mesh tube into a blood vessel to maintain patency. Stent placement may be done following an angioplasty or as an alternative to an angioplasty. FDA-approved endovascular grafts for use in the abdominal aorta include:

- AneuRx® AAAAdvantage Stent Graft
- Ancure® Aortoiliac System
- Aorfix™ AAA Flexible Stent Graft System
- EVT Abdominal Aortic Endovascular Grafting System
- Endologix AFX® endovascular system
- Endologix Powerlink®
- Gore® Excluder®
- Medtronic Talent® Abdominal Stent Graft System
- Medtronic Vascular Endurant® II AAA Stent Graft System
- Ovation™ Abdominal Stent Graft System
- Zenith® Flex AAA Endovascular Graft
- Zenith® Fenestrated AAA Endovascular Graft

Endoleak:

Leakage of the stent graft used for endovascular abdominal aortic aneurysm (AAA) repair.

- Type I endoleak results when the stent-graft fails to seal the vessel wall
- Type II endoleak is a leak within an aneurysm that is caused by flow of blood into the aneurysms sac from side branches of the aorta
- Type III endoleak occurs when the components of the stent-graft separate from each other

ENDOASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS

(cont.)

Criteria:

For angioplasty and endovascular stent placement, see BCBSAZ Medical Coverage Guideline #O270, “*Angioplasty and Endovascular Stent Placement*”.

For carotid artery angioplasty with or without endovascular stent placement, see BCBSAZ Medical Coverage Guideline #O710, “*Carotid Artery Angioplasty*”.

For endovascular procedures for intracranial arterial disease, see BCBSAZ Medical Coverage Guideline #O754, “*Endovascular Procedures for Intracranial Arterial Disease*”.

For endovascular stent grafts for disorders of the thoracic aorta, see BCBSAZ Medical Coverage Guideline #O821, “*Endovascular Stent Grafts for Disorders of the Thoracic Aorta*”.

- Endovascular stent placement with an FDA-approved endovascular graft for the treatment of abdominal aortic aneurysm (AAA) is considered **medically necessary** with documentation of **ONE** of the following:
1. Aneurysmal diameter greater than 5 cm
 2. Aneurysmal diameter of 4-5 cm that has increased in size by 0.5 cm in the last six (6) months
 3. Aneurysmal diameter of ≥ 3 cm with iliac aneurysm
 4. Aneurysmal diameter that measures twice the size of the normal infrarenal aorta
 5. Endoleak by imaging with **ONE** of the following:
 - Type I/III endoleak
 - Type II endoleak ≥ 6 months with AAA expansion
 6. Ruptured abdominal aortic aneurysm with documentation of **ALL** of the following:
 - Individual sufficiently stable to undergo detailed computed tomography (CT) exam for anatomic measurements
 - Aneurysm anatomically appropriate for endovascular repair
 7. Saccular aneurysm (any size)



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 05/28/13
LAST REVIEW DATE: 06/19/18
LAST CRITERIA REVISION DATE: 06/06/17
ARCHIVE DATE:

ENDOVASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS (cont.)

Criteria: (cont.)

- Angioplasty with endovascular stent placement for all other indications not previously listed or if above criteria not met 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, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to*:

- 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 individuals who are ineligible for open repair due to physical or anatomic limitations or other factors

Resources:

Literature reviewed 06/19/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 05/28/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 7.01.67 BCBS Association Medical Policy Reference Manual. Endovascular Stent Grafts for Abdominal Aortic Aneurysms. Re-issue date 05/04/2018, issue date 07/10/1998.
2. InterQual® Care Planning Procedures. Endovascular Repair, Abdominal Aortic Aneurysm.



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 05/28/13
LAST REVIEW DATE: 06/19/18
LAST CRITERIA REVISION DATE: 06/06/17
ARCHIVE DATE:

ENDOVASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 05/28/13
LAST REVIEW DATE: 06/19/18
LAST CRITERIA REVISION DATE: 06/06/17
ARCHIVE DATE:

ENDOVASCULAR STENT GRAFTS FOR ABDOMINAL AORTIC ANEURYSMS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian:

Blue Cross Blue Shield of Arizona - 877-475-4799 - 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคน หรือคนที่คุณกำลังช่วยเหลือถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไมมีค่าใช้จ่าย โปรดยกถาม โทร 877-475-4799