Introduction

The aorta is the main blood vessel in the center of the body that runs from the heart up into the chest and down into the abdomen. An abdominal aortic aneurysm (AAA) is caused by an enlarged area toward the bottom of the aorta that fills with blood and bulges. Over time, the pressure on this bulge can build up and rupture, causing pain, massive internal bleeding, and death. Endovascular aneurysm repair is a treatment to repair ruptured or unruptured AAAs. A long, thin tube called a catheter is inserted into an artery in the thigh and a woven fabric tube covered with metal support (stent graft) is placed in the abdominal aorta. This policy describes when endovascular aneurysm repair with a stent graft may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
### Service

**Endovascular repair/stent for abdominal aortic aneurysm (AAA)**

### Medical Necessity

Endovascular repair/stent for abdominal aortic aneurysm (AAA) and/or its major branches may be considered medically necessary for patients with aneurysms having morphology suitable to repair when any of the following indications are met:

- Aneurysmal dilatation > 5 cm and ≥ twice the diameter of the non-dilated proximal segment; or
- Any documented aneurysmal dilatation that has expanded in size by 0.5 cm or more in 6 months; or
- 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
- 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.

See Related Information below for Limitations.

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<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</td>
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<tr>
<td>34703</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac 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)</td>
</tr>
<tr>
<td>34704</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac 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>34705</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, 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>
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<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, 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)</td>
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<tr>
<td>34707</td>
<td>Endovascular repair of iliac 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>
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<tr>
<td>34708</td>
<td>Endovascular repair of iliac 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, traumatic disruption)</td>
</tr>
<tr>
<td>34709</td>
<td>Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac 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, per vessel treated (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34710</td>
<td>Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac 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 iliac 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>34712</td>
<td>Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation</td>
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<tr>
<td>34713</td>
<td>Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34714</td>
<td>Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)</td>
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<tr>
<td>34715</td>
<td>Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)</td>
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<tr>
<td>34716</td>
<td>Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)</td>
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<tr>
<td>34808</td>
<td>Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)</td>
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<tr>
<td>34812</td>
<td>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34813</td>
<td>Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34820</td>
<td>Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34833</td>
<td>Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>34834</td>
<td>Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (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>
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<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>
<tr>
<td>34843</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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
</tr>
<tr>
<td>34844</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 four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
</tr>
<tr>
<td>34845</td>
<td>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</td>
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<tr>
<td>34846</td>
<td>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)</td>
</tr>
<tr>
<td>34847</td>
<td>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)</td>
</tr>
<tr>
<td>34848</td>
<td>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)</td>
</tr>
</tbody>
</table>

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**Related Information**

**Limitations**

- Endovascular repair/stent for abdominal aortic aneurysms (AAA) and/or its major branches must be performed by a physician with credentialed experience in this technology

- The endovascular graft must be approved by the U.S. Food and Drug Administration (FDA) for the treatment of the aneurysm

**Evidence Review**
Background

According to the Society of Interventional Radiology (SIR), the occurrence of abdominal aortic aneurysms (AAAs) has increased three-fold 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 AAA patients.

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 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.

References


8.

### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Endovascular repair/stent for abdominal aortic aneurysm (AAA) and/or its major branches may be considered medically necessary for patients with aneurysms having morphology suitable to repair when the indications meet this policy.</td>
</tr>
<tr>
<td>10/01/20</td>
<td>Annual Review, approved September 17, 2020. No changes to policy statement, references updated. Updated code descriptions, removed CPT codes 75952 and 75953 which termed 1/1/2018.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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