



# Cardio Policy: Descending Thoracic Aortic Graft Surgery

<b>POLICY NUMBER</b> UM CARDIO_1098	<b>SUBJECT</b> Descending Thoracic Aortic Graft Surgery		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 09/13/23	<b>APPROVAL DATE</b> September 13, 2023	<b>EFFECTIVE DATE</b> September 29, 2023	<b>COMMITTEE APPROVAL DATES</b> 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 09/13/23	
<b>PRIMARY BUSINESS OWNER: UM</b>		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>		
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

## I. PURPOSE

Indications for determining medical necessity for Descending Thoracic Aortic Graft Surgery.

## II. DEFINITIONS

Descending aortic graft surgery is defined as excision and surgical replacement of the most distal portion of the diseased thoracic aorta with a graft.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

## III. POLICY

#### Indications for approving a request for medical necessity are:

- A. A symptomatic or asymptomatic patient with a greater than 5.5 cm descending or infra renal or juxta renal AAA. **(AUC Score 8)**<sup>1,2,3</sup>
- B. Repair is indicated in patients with suprarenal or type IV thoracoabdominal AAA greater than or equal to 5.5–6.0 cm. **(AUC Score 7)**<sup>1,2,3</sup>
- C. Documented aneurysm growing more than 0.5 cm/year in an aorta that is less than 5.5 cm in diameter. **(AUC Score 8)**<sup>1,2,3</sup>
- D. The patient is a suitable operative candidate for descending aortic graft surgery. **(AUC Score 9)**<sup>1,2,3</sup>

#### Limitations:

- A. Intervention is not recommended for asymptomatic infrarenal or juxta renal AAA less than or equal to 5.0 cm in men or less than or equal to 4.5 cm in women.
- B. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

## IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
  - 1. Most recent Cardiology or Cardiothoracic Surgeon's progress note
  - 2. Cardiac Catherization or vascular imaging testing (AAA Duplex/CTA Aorta/MRA Aorta) that prompted request.
- B. Primary codes appropriate for this service: 33875. 33530 – Reoperation, CABG, or valve surgery, more than 1 month after original operation
- C. Place/Site of Service: Inpatient hospital (21)

## V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

- 1. Hiratzka LF, et al. 2010 ACCF/AHA/AATS/ACR/ASA/SCA/SCAI/SIR/STS/SVM Guidelines for the diagnosis and management of patients with thoracic aortic disease. A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, American Association for Thoracic Surgery, American College of Radiology, American Stroke Association, Society of Cardiovascular Anesthesiologists, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of Thoracic Surgeons, and Society for Vascular Medicine. Journal of the American College of Cardiology April 2010; Volume 55 Issue 14, Pages e27-e129.

2. Anderson JL, et al. Management of patients with peripheral artery disease (compilation of 2005 and 2011 ACCF/AHA guideline recommendations): a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. April 2013. Volume 2, Issue 13, Pages 1425-43.
3. Robert C. Hendel MD, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
4. NCQA UM 2023 Standards and Elements.