To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

Table of Contents

1.0 Description of the Procedure, Product, or Service

Aortic aneurysms can develop anywhere along the length of the aorta, but three-fourths of aneurysms are located in the abdominal aorta. Thoracic aortic aneurysms, including those that extend from the descending thoracic aorta into the upper abdomen, account for one-fourth of aortic aneurysms.

Endovascular stent grafting of the vascular system has emerged as a therapeutic modality for aortic aneurysms. Their safety and efficacy has been explored in the treatment of thoracic aortic aneurysms, abdominal aortic aneurysms, and peripheral arterial aneurysms.

Endovascular graft repair is performed under general, spinal or regional anesthesia. During the procedure, a prosthetic endograft is introduced with radiographic guidance through the femoral artery, iliac artery or the abdominal aorta. The device is advanced to the aneurysm site, deployed, and attached to the normal aorta with a self-expandable stent system. While both thoracic and abdominal aneurysms can be surgically repaired using stents and grafts, these open procedures are associated with considerable morbidity and mortality. Endovascular repair was developed to provide a minimally invasive approach, using a catheter inserted through a small groin incision to place the stent/graft across the aneurysm site. Patients requiring aortic aneurysm artery repair often have very significant co-morbid conditions including cardiac, pulmonary, and renal disease or insufficiency, and the comorbidities significantly increase the risk for major perioperative complications following open surgical repair.

A thoracic aortic aneurysm (TAA) is a potentially life-threatening disorder involving a structural weakness of the aortic wall. Progressive arterial dilation and possible rupture may occur. Standard treatment for thoracic aortic aneurysms is an open surgical resection and replacement of the diseased aorta with a graft.

An abdominal aortic aneurysm (AAA) is usually asymptomatic until it expands or ruptures. Presence of a pulsatile abdominal mass is virtually diagnostic but is found in less than half of cases. Rupture is uncommon if aneurysms are less than 5 cm in diameter, but ruptures are dramatically more common for aneurysms greater than 6 cm in diameter. Without prompt intervention, ruptured aneurysms are often fatal.

Endovascular stent grafting for the repair of descending thoracic aorta (DTA) and AAA is an option for treatment of aneurysms and may be covered for patients who meet the required criteria.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(*The term "General" found throughout this policy applies to all Medicaid policies*)

a. An eligible beneficiary shall be enrolled in the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*);
b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***)

a. Medicaid
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

   NCTracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

   EPSDT provider page: https://medicaid.ncdhhs.gov/

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider..

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

None Apply

3.2.2 Medicaid Additional Criteria Covered

a. **Abdominal Aortic Aneurysm**
Endovascular stent grafting for abdominal aortic aneurysm is considered medically necessary for high-risk Medicaid beneficiaries when **ALL** of the following criteria are met:
1. The endoprosthesis is FDA approved for the treatment of abdominal aortic aneurysms;
2. The risks of an open repair of the aneurysm are unacceptable;
3. There is adequate iliac/femoral access; and
4. The risk of aneurysm rupture is high, as indicated by any one of the following criteria:
   A. An aneurysmal diameter greater than 5 cm.
   B. An aneurysmal diameter of 4 cm -5 cm that has increased in size by 0.5 cm in the last six months.
   C. An aneurysmal diameter that measures twice the size of the normal infrarenal aorta.

b. **Thoracic Aortic Aneurysm**
Endovascular stent grafting for descending thoracic aortic aneurysm is considered medically necessary for high-risk Medicaid beneficiaries when **ALL** of the following criteria are met:
1. The endoprosthesis is FDA approved for the treatment of descending thoracic aortic aneurysm;
2. The risks of an open repair of the aneurysm are unacceptable;
3. There is adequate iliac/femoral access;
4. Aortic inner diameter in the range of 23mm to 37mm; and
5. 2 cm or greater non-aneurysmal aorta proximal and distal to the aneurysm.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:
a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid

None Apply.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid shall not require prior approval for endovascular repair of aortic aneurysm.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.2.2 Specific

None Apply.

5.3 Additional Limitations or Requirements

Medicaid only covers one procedure per date of service.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

a. meet Medicaid qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for

Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation and History

Original Effective Date: January 1, 2001

Revision Information:

Date	Section Revised	Change
12/1/06	Throughout policy	The policy was updated to include coverage of repairs of thoracic aortic aneurysms.
5/1/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age.
5/1/07	Attachment A	Added UB-04 as an accepted claims form.
3/1/12	Throughout	Technical changes to merge current Medicaid coverage and NCHC non-coverage into one policy.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
1/1/2018	Attachment A (c)	Removed table of CPT codes covered under the current policy.
03/15/2019	Table of Contents	Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP."
03/15/2019	All Sections and Attachments	Updated policy template language.
12/04/2019	Table of Contents	Updated policy template language, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP."
12/04/2019	Attachment A	Added, "Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.
06/01/2023	All Sections and Attachments	Updated policy template language due to North Carolina Health Choice Program's move to Medicaid. Policy posted 6/1/2023 with an effective date of 4/1/2023.
04/15/2024	Attachment B: Billing Guidelines	CPT codes 34800, 34826, 34805, 34808, 34825, and 34900 were removed from policy as they are no longer valid. Codes end-dated 12/31/2017.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Unlisted Procedure or Service
CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

Inpatient hospital, Outpatient hospital, Office.

G. Co-payments

For Medicaid refer to Medicaid State Plan:
https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov/

Attachment B: Billing Guidelines

Codes 33880 through 33891 represent a family of procedures to report placement of an endovascular graft for repair of the aorta. These codes include all device introduction, manipulation, positioning and deployment. All balloon angioplasty and/or stent deployment within the target treatment zone for the endoprosthesis, either before or after endograft deployment, are not reported separately.

Note: The following procedure codes, when applicable, are reported separately:

34812	34820	34833 through 34834	35226
35286	36140	36200 through 36218	36245 through 36248

For radiological supervision and interpretation, use:

1. 75956 in conjunction with 33880
2. 75957 in conjunction with 33881
3. 75958 in conjunction with 33883-through 33884
4. 75959 in conjunction with 33886

Do not report 33881, 33883 when extension placement converts repair to cover left subclavian origin. Use only 33880.

Do not report 33886 in conjunction with 33880, 33881.

Report 33886 once, regardless of number of modules deployed.

Do not report 33889 in conjunction with 35694.

Do not report 33891 in conjunction with 35509, 35601.

Report CPT codes 34812, 34820, 34833, 34844, as appropriate.

Do not report 34833 in addition to 34820.