

02-33000-22

Original Effective Date: 08/15/00

Reviewed: 07/23/26

Revised: 08/15/26

Subject: Endovascular Stent Grafts for Abdominal Aortic Aneurysms

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Management of a clinically significant abdominal aortic aneurysm (AAA) consists of surgical excision with placement of a sutured woven graft or endovascular grafting. Surgical excision is associated with a perioperative mortality rate of between 1% and 5%. Due to this high mortality rate, endovascular prostheses were developed as a minimally invasive, catheter-based alternative to open surgical excision of AAAs. These devices are deployed across the aneurysm such that the aneurysm is effectively “excluded” from the circulation, with subsequent restoration of normal blood flow.

Several types of grafts are currently in use: straight grafts, in which both ends are anchored to the infrarenal aorta, and bifurcated grafts, in which the proximal end is anchored to the infrarenal aorta, and the distal ends are anchored to the iliac arteries. Fenestrated grafts have also been investigated. These grafts are designed with openings in the wall that can be placed across the renal or celiac arteries while still protecting vessel patency through these critical arteries. In addition, extensions can be placed from inside the main endograft body into the visceral arteries to create a hemostatic seal. A large number of endovascular grafts have been approved by the U.S. Food and Drug Administration (FDA) through the premarket approval (PMA) process for treatment of AAAs.

Summary and Analysis of Evidence: The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm (Chaikof, et al 2018) includes, “EVAR [endovascular aneurysm repair] is progressively replacing open surgery as the treatment of choice, and accounts for more than half of all elective AAA repairs in the United States”. Patients with AAAs eligible for open repair who receive endovascular stent grafts, the evidence includes randomized controlled trials (RCTs), systematic reviews of RCTs and cohort studies. Evidence from a patient-level meta-analysis of RCTs comparing EVAR with open repair for elective treatment of AAAs indicated that neither approach is clearly superior to the other. While EVAR is associated with an early reduction in mortality, outcomes at 5 years or longer have generally shown greater reintervention rates. Based on the data, EVAR may be considered as an alternative to open surgery in patients who are candidates for both procedures. There is sufficient clinical evidence to permit conclusions on efficacy and net health outcomes. The evidence for ruptured AAAs treated using endovascular stent grafts includes RCTs, systematic reviews of RCTs, and nonrandomized comparative studies. Evidence from 3 major RCTs and 2 meta-analyses indicated that short- and intermediate-term survival (up to 1 year) following EVAR is comparable with open repair, while

perioperative complications are reduced with EVAR. Evidence from a large nonrandomized matched comparison demonstrated that EVAR is associated with a perioperative mortality benefit up to 4 years post surgery, at the cost of the increased likelihood of the need for reintervention. There is sufficient clinical evidence to permit conclusions on efficacy and net health outcomes. AAAs not eligible for open repair that are treated with use of endovascular stent grafts, the evidence includes RCTs and retrospective analyses. At least 2 RCTs have compared EVAR with no surgical intervention for patients ineligible for open repair, either because of aneurysm size or prohibitive surgical risk. These trials did not report superior outcomes with EVAR and do not support the use of EVAR in this population. One retrospective database analysis suggests a likely benefit to EVAR in patients deemed unfit for open AAA repair, which may be reserved for those with lower Gagne Indices, larger AAA diameters, and lack of frailty, while a propensity score-matched analysis indicates a long-term survival benefit with EVAR relative to conservative management in patients with AAA deemed unfit for open repair based on cardiopulmonary exercise testing. There is insufficient clinical evidence to permit conclusions on efficacy and net health outcomes.

POSITION STATEMENT:

The use of FDA approved endovascular stent grafts for the treatment of abdominal aortic aneurysms (AAA) **meets the definition of medical necessity** for **ONE** of the following indications:

- Aneurysmal diameter greater than 5.0 cm;
- Aneurysmal diameter of 4 – 5.0 cm that has increased in size by 0.5 cm in the last 6 months;
- Aneurysmal diameter that measures twice the size of the normal infrarenal aorta **OR**
- A ruptured abdominal aortic aneurysm.

The use of FDA approved endovascular stent grafts for the treatment of abdominal aortic aneurysms is considered **experimental or investigational** for all other indications, including but 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 members who are ineligible for open repair due to physical limitations or other factors.

The evidence is insufficient to determine the effects of the technology on health outcomes.

The use of non-FDA approved endovascular stent grafts for the treatment of abdominal aortic aneurysms is considered **experimental or investigational**. There is insufficient clinical evidence to permit conclusions on efficacy and net health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

34701	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)
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34702	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 rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34703	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)
34704	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, traumatic disruption)
34705	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)
34706	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, traumatic disruption)
34709	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)
34710	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

34711	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)
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
34820	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)
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time
34841	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)
34842	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])
34843	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])
34844	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])
34845	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 one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34846	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[s])
34847	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[s])

34848	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[s])
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ICD-10 Diagnosis Codes That Support Medical Necessity:

I71.30-I71.33	Abdominal aortic aneurysm, ruptured
I71.40-I71.43	Abdominal aortic aneurysm, without rupture

LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, attending physician progress notes, plan of treatment, and laboratory studies.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Laboratory studies	26436-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

[Endovascular Stent Grafts for Disorders of the Thoracic Aorta, 02-33000-29](#)

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/23/26.

GUIDELINE UPDATE INFORMATION:

08/15/00	Medical Coverage Guideline Developed.
01/01/01	HCPSC coding changes.
09/15/02	Reviewed.
01/01/03	HCPSC coding update.
07/15/04	Review and revision of guideline; consisting of updated references and maintaining current coverage.
01/01/05	Annual HCPSC update; consisting of the addition of 34803, 0078T, 0079T, 0080T and 0081T.
07/01/05	3 rd quarter HCPSC coding update; consisting of the revision of 0078T.
01/01/06	Annual HCPSC coding update consisting of the revision of 0078T.
03/15/06	Review and revision of guideline consisting of updated references.
08/15/07	Review and revision of guideline consisting of updated references and reformatted guideline.
06/15/09	Biennial review: position statement maintained and references updated.
01/01/10	Annual HCPSC coding update: revised descriptor for codes 34802, and 34803.
10/15/10	Revision; related ICD-10 codes added.

01/01/11	Annual HCPCS coding update. Revised 34900.
05/15/11	Biennial review; position statement, coding section and references updated; formatting changes.
10/01/11	Revision; formatting changes.
01/01/14	Annual HCPCS coding update; added codes 34841-34848; deleted codes 0078T-0081T. Revision; Program Exception section updated.
06/15/14	Review; position statements, description section, coding, & references updated; formatting changes.
01/01/15	Annual HCPCS/CPT update. Added code 34839.
06/15/15	Annual review; position statements maintained and references updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision; formatting changes.
07/15/17	Review; position statements maintained; title, description, and references updated.
01/01/18	Annual CPT/HCPCS update. Added codes 34701-34716; revised codes 34812 & 34820; deleted codes 34800-34805, 34825, 34826, 75952, 75953.
08/15/18	Revision; position maintained; coding and references updated.
08/15/20	Review; position statements maintained and references updated.
08/15/22	Review: Position statements maintained; references updated.
10/01/22	Annual ICD-10 coding update. Codes I71.30-I71.33 and I71.40-I71.43 added; codes I71.3 and I71.4 deleted.
05/23/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.
08/15/24	Review: Position statements maintained; description and references updated.
08/15/25	Review: Position statements maintained; references updated.
08/15/26	Annual review: Position statements maintained and references updated.