EFFECTIVE DATE: 12/01/2014
POLICY LAST UPDATED: 11/04/2014

OVERVIEW

This policy documents the coverage criteria for Anastomosis of the Extracranial-Intracranial Arteries. In this procedure, the physician anastomoses the arterial and extracranial-intracranial arteries. The physician performs a craniotomy in the affected area and locates the arteries to be anastomosed and dissects them from the surrounding tissue.

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products for atherosclerosis and is obrained via the online tool for participating providers. See the Related Policies Section.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

- Anastomosis of the extracranial-intracranial arteries for atherosclerosis is considered **not medically necessary** as current medical research does not support its safety and efficacy.
- All other uses of anastomosis are **covered**.

MEDICAL CRITERIA

Anastomosis of the extracranial-intracranial arteries is covered for all conditions other than atherosclerosis.

BACKGROUND

Intracranial atherosclerotic disease is the narrowing or obstruction of arteries within the skull that supply the brain. It is caused by atheromatous plaques in the innermost layer of the arterial wall, called the endothelium. Intracranial atherosclerotic disease can lead to transient ischemic attack (TIA), stroke or death, and is usually diagnosed in patients who have presented with a TIA or stroke. Intracranial atherosclerotic disease is usually treated with anticoagulant therapy (i.e., warfarin) or antiplatelet therapy (e.g., aspirin), together with medication to control risk factors for atherosclerosis.

Extracranial vascular disease refers to atherosclerosis, which is a hardening and narrowing of the walls of these vessels, due to deposits of fats that form plaques within the arteries. As the plaque deposits gradually enlarge, they interfere with blood flow. Atherosclerosis can affect any large-to-medium-sized artery in the body and cause serious health problems. It is especially dangerous in the extracranial arteries that supply the brain, as decreased blood flow to the brain can result in stroke. Minority of subjects with elevated LDL and cholesterol levels will develop clinical disease, and up to 50% of cases of coronary artery disease (CAD) occur in subjects with 'normal' levels of total and LDL cholesterol. Thus, there is considerable potential to improve the accuracy of current cardiovascular risk prediction models.

A study by the EC/IC Bypass Study Group (1985) failed to confirm the hypothesis that extracranial-intracranial anastomosis is effective in preventing cerebral ischemia in patients with atherosclerotic arterial disease in the carotid and middle cerebral arteries.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage/benefits.

CODING

BlueCHiP for Medicare and Commercial

The following code is considered not medically necessary when used for atherosclerosis:

61711

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update	Jan 2015
Provider Update	Aug 2014
Provider Update	May 2013
Provider Update	May 2012
Provider Update	Apr 2011
Provider Update	May 2010
Provider Update	Jun 2008

REFERENCES

1. CMS.Gov Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery (20.2):http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=54&ncdver=1&bc=AgAAgAAAAAAAAA%3d%3d&

2. The EC/IC Bypass Study Group. Failure of extracranial-intracranial arterial bypass to reduce the risk of ischemic stroke. Results of an international randomized trial. New England Journal of Medicine; 1985 Nov 7; 313(19):1191-2000.

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