Medical Coverage Policy | Anastomosis of Extracranial-Intracranial Arteries

EFFECTIVE DATE: 12|14|2014
POLICY LAST UPDATED: 04|18|2017

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.

MEDICAL CRITERIA

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

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products for atherosclerosis and is obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

- 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**.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

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. A 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.

CODING

BlueCHiP for Medicare and Commercial Products

The following code is considered not medically necessary when used for atherosclerosis:
61711 Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, June 2017
Provider Update, June 2016
Provider Update, December 2015
Provider Update January 2015
Provider Update, August 2014
Provider Update, May 2013
Provider Update, May 2012
Provider Update, April 2011
Provider Update, May 2010

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. http://www.nejm.org/doi/full/10.1056/NEJM198511073131904

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