Medical Coverage Policy

Anastomosis of Extracranial-Intracranial Arteries - PREAUTH

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☒ Surgery  ☐ Test  ☐ Other

Effective Date: 3/16/2010  Policy Last Updated: 02/21/2012

☒ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

Description:
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.

Medical Criteria:
Not medically necessary:
• Anastomosis of the extracranial-intracranial arteries for atherosclerosis is considered not medically necessary as current medical research does not yet support its safety and efficacy.

Medically necessary:
• All other uses of anastomosis are covered.

Policy:
Anastomosis is covered when the criteria listed above has been met.

Prospective medical review is required for BlueCHiP for Medicare and recommended for all other product lines.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable “Not Medically Necessary” services.

Prospective medical review is required for BlueCHiP for Medicare and recommended for all other product lines.

Coding:
Also known as:
Not applicable

Related topics:
Not applicable

Published:
Provider Update, June 2008
Provider Update, May 2010
Provider Update, April 2011
Provider Update, May 2012

References:
Ehtisham A, Chimowitz M. Intracranial larger artery atherosclerosis. Referenced from UptoDate on 2/2/10.


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