Medical Coverage Policy

Anastomosis of Extracranial-Intracranial Arteries

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

Effective Date: 3/16/2010  Policy Last Updated: 3/5/2013

☒ 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:
Anastomosis of the extracranial-intracranial arteries are covered for all conditions other than artherosclerosis. For artherosclerosis, it is not medically necessary as current medical research does not yet support its safety and efficacy.

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

Anastomosis is covered for the indications noted above.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable services.

Coding:
The following code requires preauthorization:
61711
Also known as:
Not applicable

Related topics:
Not applicable

Published:
Provider Update, May 2013
Provider Update, May 2012
Provider Update, April 2011
Provider Update, May 2010
Provider Update, June 2008

References:


History:
3/5/13 Annual review
2/21/12 Annual review; additional information added to description, clarification of medical criteria added
2/15/11 Annual review
3/16/10 New policy approved

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