

Medical Coverage Policy | Balloon Assisted Maturation of Arteriovenous Fistula



EFFECTIVE DATE: 07|07|2009
POLICY LAST UPDATED: 03|04|2014

OVERVIEW

This policy addresses the use of balloon angioplasty to mature arteriovenous fistulas (AVFs) that are **not** otherwise diseased but are unusable as they do not provide adequate bloodflow for hemodialysis.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial

Balloon angioplasty maturation of undiseased arteriovenous fistulas is considered **not medically necessary** as there is insufficient peer-reviewed scientific literature to demonstrate that the procedure/service is effective.

Balloon angioplasty to improve blood flow through a diseased (i.e., stenotic lesions) segment of a non-maturing AVF is a covered service.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Arteriovenous fistula (AVF) is believed to be the best available form of hemodialysis access, yet a significant number of fistulas in patients never "mature" (become usable) to support dialysis. Balloon angioplasty maturation, also called balloon-assisted maturation (BAM) of undiseased AVF is an aggressive intervention used to promote patency of fistulas to optimize their use for hemodialysis. In this procedure, the vein undergoes staged, serial, long-segment dilations until it reaches the desired diameter. Serial BAMs are performed approximately 2 to 4 weeks apart with a goal of increasing the diameter of AVF to allow for nonrestrictive blood flow.¹ While initial results of the intervention appear to be promising; there is a shortage of published clinical data to address its long-term affect.

Balloon-assisted maturation (BAM) of undiseased arteriovenous fistulae (AVF) that do not provide adequate blood flow for hemodialysis are considered not medically necessary, as there is limited published clinical data to support its long-term effectiveness.

COVERAGE

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

CODING

Blue CHiP for Medicare and Commercial

There is no specific CPT or HCPCS code for dilation of non-diseased vessels, therefore providers should report this service with an unlisted procedure code.

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	May 2014
Provider Update	Jul 2012
Provider Update	Aug 2011
Provider Update	Sep 2010
Provider Update	Sep 2009

REFERENCES

1. Miller, G A, et al. Veith Symposium article published on the web 2005. Balloon Angioplasty Maturation of Arteriovenous Fistulae: A New Technique to Facilitate Placement and Utilization of Primary Arteriovenous Fistulae. Retrieved: <http://www.veithsymposium.org/veithpdf2005/299.pdf>.
2. Wu, T, et al. Vascular Annual Meeting, March 23, 2007. Balloon Angioplasty Maturation of Arteriovenous Fistulae: A New Paradigm for Surveillance, Maintenance and Improved Function. Retrieved: http://www.vascularweb.org/Annual_Meeting/Abstracts/2007/wul_balloon_angioplasty_maturation.html.
3. Centers for Medicare and Medicaid Services: Medicare Coverage Database. Article for Transluminal Balloon Angioplasty (PTA) (A46060). Retrieved: http://www.cms.hhs.gov/mcd/viewarticle.asp?article_id=46060&article_version=4&show=all.

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