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## 1.0 Description of the Procedure, Product, or Service

An abdominal aortic aneurysm (AAA) occurs when the aorta below the renal arteries expands to a maximal diameter of 3 centimeters or greater. Abdominal aortic aneurysms are found in 4% to 8% of older men and 0.5% to 1.5% of older women. Age, smoking, sex and family history are the most significant risk factors. Most AAA deaths occur in men 65 years of age and older.

Although AAAs may be asymptomatic for years, as many as 1 in 3 eventually rupture if left untreated. The prognosis for ruptured AAA is grim. Since most patients with ruptured AAAs die out of the hospital or before surgery, and since the operative mortality rate for emergent AAA repair is high, only 10% to 25% of individuals with ruptured AAAs survive until hospital discharge.

Ultrasonography of the abdomen is accurate and reliable in detecting AAAs. Elective surgical AAA repair, however, may result in significant harms, such as operative mortality, myocardial infarction, respiratory and renal failure and changes in functional status.

In 2005, on the basis of new evidence, the U.S. Preventive Services Task Force (USPSTF) published revised recommendations for screening for AAA. The USPSTF found good evidence that screening for AAA and surgical repair of large AAAs (5.5 cm or larger) in men ages 65 to 75 who have ever smoked leads to decreased AAA-specific mortality. There is also good evidence of important harms of screening and early treatment, including an increased number of surgeries with associated clinically-significant morbidity and mortality, and short-term psychological harms. Based on the moderate magnitude of net benefit, the USPSTF concluded that the benefits of screening for AAA in men aged 65 to 75 who have ever smoked outweighed the harms.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

Evidence based guidelines for ultrasound screening for abdominal aortic aneurysm. A one-time ultrasound screening for abdominal aortic aneurysm may be appropriate for recipients with a family history of abdominal aortic aneurysm or for men, aged 65 to 75, who have ever smoked (current and former smokers).

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### 4.2 Specific Criteria

Medical evidence regarding ultrasound screening for abdominal aortic aneurysm indicates it is not recommended in the following situations:

- a. The USPSTF made no recommendation for or against screening for AA in men aged 65 to 75 who have never smoked. There is a lower prevalence of large AAAs in men who have never smoked compared with men who have ever smoked; thus, the potential benefit from screening non-smokers is small. The balance between the benefits and harms of screening in this population is too close to make a general recommendation.
- b. The USPSTF recommends against routine screening for AAA in women. Because of the low prevalence of large AAAs in women, the number of AAA-related deaths that can be prevented by screening this population is small. The harms of screening women for AAA outweigh the benefits

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required for ultrasound screening for abdominal aortic aneurysm.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**

- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”</b>
September 30, 2011	Throughout	Policy Date of Termination

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

HCPCS Code
G0389

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Outpatient Hospital and Office

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.