

## Vascular Surgery

### 1. MCG Criteria Used

#### Clinical Criteria: MCG Care Guidelines, 30th Edition

- Aortic Aneurysm, Abdominal, Repair or Excision with Graft Replacement (MCG ORG: S-130 ISC, 30th Edition)
- Femoral Popliteal Bypass (MCG ORG: S-480 ISC, 30th Edition)

#### Applicable CPT / HCPCS Codes:

| CPT / HCPCS Code           | Description                                                                                                             |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 34701-34711                | Endovascular repair of abdominal aortic aneurysm using aorto-aortic, aorto-uni-iliac, or aorto-bi-iliac endograft       |
| 35081, 35082, 35091, 35092 | Direct repair of abdominal aortic aneurysm, with or without rupture, including involvement of visceral or iliac vessels |
| 35102, 35103               | Direct repair of aneurysm involving aortoiliac or aortofemoral arteries, with or without rupture                        |
| 35656, 35666, 35671        | Femoral-popliteal and femoral-anterior tibial, posterior tibial, or peroneal bypass with vein or synthetic graft        |
| 35661                      | Femoral-femoral bypass graft                                                                                            |
| 75952, 75953               | Endovascular repair of infrarenal abdominal aortic aneurysm, radiologic supervision and interpretation                  |

### 2. Statement of Rationale

Akido Labs uses the criteria in MCG Care Guidelines (30th Edition) to supplement the general Medicare criteria regarding vascular surgical procedures, including open and endovascular repair of abdominal aortic aneurysm and femoral popliteal bypass for lower extremity arterial disease, where Medicare coverage criteria are not fully established or require additional clinical specificity. MCG criteria are used to ensure consistency in reviewing the conditions to be met for coverage of vascular surgery services and to determine when such services are medically necessary. Vascular surgery in the Medicare Advantage population carries substantial perioperative risk, including hemorrhage, myocardial infarction, renal injury, limb loss, and death, that is elevated in older adults with diffuse atherosclerosis and multiple comorbidities. The conditions treated, however, carry their own grave natural history: aneurysm rupture and critical limb ischemia are limb- and life-threatening. Absent consistent, evidence-based selection criteria, there is material risk of both inappropriate denial of medically necessary procedures and inappropriate approval of procedures where the operative risk outweighs benefit.

#### Potential Clinical Harms:

**Abdominal Aortic Aneurysm Repair:** Inappropriate denial of repair for an abdominal aortic aneurysm that has reached the size threshold for intervention, is rapidly enlarging, is symptomatic, or has ruptured could result in fatal rupture. Conversely, inappropriate approval of

repair for a small, stable, asymptomatic aneurysm below the intervention threshold exposes the patient to operative mortality and graft-related complications without offsetting benefit, when active surveillance would be appropriate.

**Femoral Popliteal Bypass:** Inappropriate denial of femoral popliteal bypass in a patient with critical limb-threatening ischemia, rest pain, or tissue loss could result in progression to amputation. Inappropriate approval of bypass for claudication that has not failed a trial of medical therapy and supervised exercise, or where a less invasive endovascular option is appropriate, exposes the patient to operative risk and graft complications that could be avoided.

#### **Clinical Benefits:**

**Abdominal Aortic Aneurysm Repair:** MCG criteria specify validated indications for repair drawn from vascular surgery specialty society guidelines, including aneurysm diameter thresholds, rapid expansion, symptomatic or ruptured aneurysm, and defined anatomic features, while identifying small stable aneurysms appropriate for surveillance with medical management. By tying repair to evidence-based thresholds, these criteria directly mitigate the harm of fatal rupture in patients who meet criteria while preventing the avoidable operative mortality that follows from repairing aneurysms below the intervention threshold.

**Femoral Popliteal Bypass:** MCG criteria reserve femoral popliteal bypass for defined indications including critical limb-threatening ischemia, disabling claudication refractory to medical therapy and supervised exercise, and anatomy unsuitable for endovascular treatment, and direct clinicians toward medical therapy, structured exercise, and endovascular alternatives where appropriate. This evidence-based selection directly counters the harm of progression to amputation in patients with critical ischemia while preventing the avoidable operative and graft-related complications that follow from bypass performed for unselected claudication. The clinical benefits of using MCG Care Guidelines are highly likely to outweigh any clinical harms, including delayed or decreased access to services, because the criteria incorporate intervention thresholds drawn from current vascular surgery specialty society guidelines and are unlikely to lead to inappropriate denials.

### **3. Explanation of Supplementation**

**Basis for Use:** Original Medicare clinical criteria are not fully established and require supplementation to ensure consistent medical necessity determinations for vascular surgical procedures. While Medicare statutes establish the general 'reasonable and necessary' standard, they do not specify the clinical thresholds (e.g., aneurysm diameter and expansion criteria, severity of limb ischemia, or failure of conservative management) required to distinguish indicated from nonindicated vascular surgery.

**Applicable Medicare References:** Social Security Act Section 1862(a)(1): 'Reasonable and necessary' standard Medicare Benefit Policy Manual, Chapter 1: Inpatient Hospital Services Covered Under Part A (CMS IOM Publication 100-02) Medicare Benefit Policy Manual, Chapter 6: Hospital Services Covered Under Part B (CMS IOM Publication 100-02) Medicare Program Integrity Manual, Chapter 6, Section 6.5 (CMS IOM Publication 100-08) Code of Federal Regulations: 42 CFR 412.3; 42 CFR 419.22; 42 CFR 422.101 Medicare Coverage Database: <https://www.cms.gov/medicare-coverage-database/search.aspx> For these vascular procedures, no specific NCD or LCD fully establishes clinical intervention thresholds; Original Medicare criteria are not fully established, requiring supplementation. Within the above statutes and regulations, MCG criteria assist in determining the appropriateness of aneurysm repair based on diameter, expansion, and symptom criteria; the appropriateness of femoral popliteal bypass based on severity of ischemia and failure of conservative management; the appropriate choice between

open and endovascular approaches; and the expected clinical course and necessity of inpatient care. Use of these criteria helps ensure vascular procedures are not incorrectly denied when medically appropriate, nor incorrectly approved when not reasonable and necessary, and may decrease inappropriate denials by creating a consistent set of evidence-based review criteria.

## 4. Summary of Clinical Evidence

\*Note: The following evidence summary is derived directly from MCG Care Guidelines, 30th Edition (guidelines S-130 and S-480). The reference lists below are drawn from those respective MCG guidelines.\*

### Background

**Abdominal Aortic Aneurysm Repair (MCG ORG: S-130 ISC)** Abdominal aortic aneurysm repair, by open graft replacement or endovascular aneurysm repair, is performed to prevent or treat aneurysm rupture. Indications are governed by aneurysm diameter thresholds, rate of expansion, the presence of symptoms or rupture, and specific anatomic features such as penetrating atherosclerotic ulcer or aortic dissection. Alternatives include active surveillance with medical management (antihypertensive and lipid-lowering therapy and smoking cessation) for small, stable, asymptomatic aneurysms. The goal length of stay is short for endovascular repair and longer for open repair.

**Femoral Popliteal Bypass (MCG ORG: S-480 ISC)** Femoral popliteal bypass is a surgical revascularization for lower extremity peripheral arterial disease, performed for critical limb-threatening ischemia or disabling claudication. Alternatives include medical therapy (platelet inhibitors, smoking cessation, diabetes and blood pressure control, statins, and cilostazol), supervised or structured exercise rehabilitation, endovascular procedures such as angioplasty with or without stenting and atherectomy, endarterectomy, and, for nonreconstructible disease, amputation or palliative care. The goal length of stay is approximately 2 days postoperatively.

### Evidence Summary

**Abdominal Aortic Aneurysm Repair (MCG ORG: S-130 ISC)** This guideline (30th Edition) is supported by peer-reviewed articles and vascular surgery specialty society practice guidelines establishing diameter and expansion thresholds for intervention, the comparative outcomes of open versus endovascular repair, and the role of medical management and surveillance for aneurysms below the intervention threshold.

**Femoral Popliteal Bypass (MCG ORG: S-480 ISC)** This guideline (30th Edition) is supported by peer-reviewed articles and appropriate use criteria for peripheral artery disease establishing the indications for surgical revascularization, the role of medical therapy and structured exercise as first-line management for claudication, and the comparative role of endovascular alternatives.

**Rationale (from MCG)** Use of these MCG care guidelines helps the clinician identify patient-specific complex clinical factors that establish the medical necessity of vascular surgery and the necessity of inpatient hospital care across the perioperative period. The evidence-based clinical criteria ensure patients receive the most appropriate care for their specific condition, reduce unnecessary risks, and provide a standard that can reduce disparities in care. These guidelines supplement but do not replace, modify, or supersede existing Medicare regulations or applicable NCDs or LCDs.

**Related CMS Coverage Guidance (as cited in MCG 30th Edition):** Code of Federal Regulations (CFR): 42 CFR 412.3; 42 CFR 419.22; 42 CFR 422.101; CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapters 1 and 6; CMS IOM Publication 100-08, Medicare

Program Integrity Manual, Chapter 6, Section 6.5; Medicare Coverage Database: <https://www.cms.gov/medicare-coverage-database/search.aspx>

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### References with Citation Summary -- Femoral Popliteal Bypass (MCG ORG: S-480 ISC, 30th Edition)

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## 5. Public Accessibility

**Transparency Tool URL:** <https://akido.access.mcg.com/index>

**Coverage Summaries URL:** <https://www.myfamilymg.com/medical-necessity-supplementation-criteria/documents>

**Navigation Instructions:** To access these coverage summaries, navigate to the UM Criteria page, scroll to the bottom of the page, and click the Medical Necessity Supplementation Criteria link. All summaries are organized alphabetically by category.