



UM-CDG-038 Elective Aorta and Iliac Artery Aneurysm
Repair

Approved By:
Director, Health Services

Effective Date:
10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address elective aorta and iliac artery aneurysm repair. Although aneurysms may develop in any part of the aorta, abdominal aortic aneurysms (AAAs) are the most common. Aortic aneurysms are typically asymptomatic and are frequently discovered during routine exams. Depending on the etiology, size, type, and rate of growth of the aneurysms treatment can vary widely. Simple monitoring to surgery could be the option depending on the presentation. Aneurysm repair is performed with surgery called an open aneurysm repair (OAR), through an endovascular aneurysm repair (EVAR), fenestrated endovascular aneurysm repair (FEVAR), or through thoracic endovascular aneurysm repair (TEVAR). OAR is performed using transabdominal or retroperitoneal incision and cross clamping of the aorta. A synthetic graft replaces the diseased segment of the aorta to support blood flow through the artery. EVAR, FEVAR, and TEVAR are minimally invasive approaches performed by inserting an endograft through the femoral arteries in the groin, into the aorta. The endograft reinforces the weakened artery wall and reduces the risk of aneurysm leak and/or rupture.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Arterial Aneurysm: permanent localized dilation in the wall of an artery that is 150% of the diameter of the normal adjacent artery

POLICY

Abdominal Aortic Aneurysm (AAA) Repair

SECUR Health Plan considers open aneurysm repair (OAR) of a radiographically confirmed AAA as medically necessary when there is absence of prohibitive perioperative mortality risk and any of the following are met:

1. Aneurysm diameter is greater than or equal to 5 cm in females or 5.5 cm in males, or
2. Aneurysm diameter growth rate, confirmed by imaging, is greater than or equal to 1 cm within one (1) year or at least 0.5 cm within six (6) months, or
3. Complications exist from a previous endograft, or
4. Member requires chemotherapy, radiation, or solid organ transplant, with aneurysm diameter of 4-5.4 cm, or
5. Marfan syndrome and a nondissected aneurysm diameter greater than or equal to 5 cm, or
6. Saccular aneurysm

Endovascular Aneurysm Repair of AAA

SECUR Health Plan considers endovascular aneurysm repair (EVAR) as medically necessary when the following requirements are met:

1. Absence of at least one of the following contraindications:
 - Anatomy prohibits placement of an endograft
 - Circumferential aortic calcification
 - Inability to comply with long term postoperative surveillance
 - Insufficient vascular access
 - Prohibitive perioperative mortality risk

And any of the following:

- Aneurysm diameter greater than 5 cm in females or 5.5 cm in males
- Aneurysm diameter growth rate, confirmed by imaging, is greater than or equal to 1 cm within one (1) year or at least 0.5 cm within six (6) months, or
- Complications exist from a previous endograft, or
- Member requires chemotherapy, radiation, or solid organ transplant, with aneurysm diameter of 4-5.4 cm, or
- Marfan syndrome and a nondissected aneurysm diameter greater than or equal to 5 cm, or
- Saccular aneurysm

Fenestrated Endovascular Aneurysm Repair of AAA

SECUR Health Plan considers fenestrated endovascular aneurysm repair (FEVAR) as medically necessary when the following is met:

- Aneurysm diameter greater than 5 cm in females or 5.5 cm in males
- Aneurysm diameter growth rate, confirmed by imaging, is greater than or equal to 1 cm within one (1) year or at least 0.5 cm within six (6) months, or
- Complications exist from a previous endograft, or
- Member requires chemotherapy, radiation, or solid organ transplant, with aneurysm diameter of 4-5.4 cm, or
- Marfan syndrome and a nondissected aneurysm diameter greater than or equal to 5 cm, or
- Saccular aneurysm

And all the following:

1. Absence of any of the following contraindications:
 - Anatomy prohibits placement of an endograft
 - Circumferential aortic calcification
 - Inability to comply with long term postoperative surveillance
 - Insufficient vascular access
 - Prohibitive perioperative mortality risk

And,

2. Nonaneurysmal infrarenal aortic segment proximal to the aneurysm, and
 - Aortic neck length that is greater than or equal to 4 mm, and
 - Aortic diameter of 19-31 mm measured outer wall to outer wall, and
 - Aortic neck angle less than 45 degrees relative to the long axis of the aneurysm, and
 - Aortic neck angle less than 45 degrees relative to the axis of the suprarenal aorta, and
3. Ipsilateral iliac artery fixation site greater than 30 mm in length and 19-21 mm in diameter, and
4. Contralateral iliac artery distal fixation site greater than 30 mm in length and 7-21 mm in diameter

Thoracic Aortic Aneurysm (TAA) Repair

SECUR Health Plan considers open thoracic aortic aneurysm repair as medically necessary when there is an absence of prohibited risk for perioperative mortality and any of the following are met:

1. Asymptomatic descending aortic aneurysm and either aneurysm diameter greater than or equal to 5.5 cm or less than 5.5 cm and aneurysm growth rate is confirmed to be greater than 0.5 cm within one (1) year or there exists a high risk for aortic rupture.
2. Complications exist from a previously placed endograft.
3. Member has infectious aortitis with aneurysm and/or saccular aneurysm.
4. Member has Ehlers-Danlos syndrome (EDS) or familial thoracic aortic aneurysm/dissection (TADD) syndrome and an aneurysm diameter greater than or equal to 4.5 cm.
5. Member has Loeys-Dietz syndrome (LDS) with aneurysm diameter greater than or equal to 4 cm and aneurysm diameter growth rate is greater than 0.3 cm within one (1) year and/or first degree relative with history of aortic dissection.
6. Member has Marfan syndrome with descending thoracic aortic aneurysm diameter greater than or equal to 5 cm and/or maximal cross sectional aorta root area to member height ratio of greater than or equal to 10 cm²/m.
7. Pregnancy planned with any of the following:
 - BAV, without Turner syndrome or heritable thoracic aortic disease (HTAD) with aneurysm diameter greater than or equal to 5 cm, or
 - Loeys-Dietz syndrome with aneurysm diameter greater than or equal to 4 cm, or
 - Marfan syndrome with either aneurysm greater than 4.5 cm or 4-4.5 cm with aortic root growth confirmed by imaging greater than or equal to 0.3 cm within one (1) year and/or first degree relative with history of Marfan syndrome with aortic dissection, or
 - Nonsyndromic heritable thoracic aortic disease (nsHTAD) with aneurysm diameter greater than 4.5 cm, or
 - Turner syndrome with ASI greater than or equal to 2.5 cm/m². ASI is the ratio of aortic size in cm divided by body surface area (BSA) in meters.

Thoracic Endovascular Aneurysm Repair of TAA

SECUR Health Plan considers thoracic endovascular aneurysm repair of TAA as medically necessary when the following are met:

1. Absence of any one or more of the following contraindications:
 - Anatomy prevents placement of endograft, or
 - Inability to comply with long term postoperative surveillance, or
 - Insufficient vascular access, or
 - Prohibitive risk for perioperative mortality and morbidity

And any of the following:

2. Asymptomatic descending aortic aneurysm with either aneurysm diameter greater than or equal to 5.5 cm or less than 5.5 cm with aneurysm growth rate of greater than or equal to 0.5 cm within one (1) year) or a high risk for aortic rupture.
3. Complications from a previously placed endograft.
4. Member with Ehlers-Danlos syndrome (EDS) or familial thoracic aortic aneurysm/dissection (TADD) syndrome and an aneurysm diameter greater than or equal to 4.5 cm.
5. Member with Loeys-Dietz syndrome (LDS), descending aorta aneurysm diameter greater than or equal to 4 cm with either aneurysm growth rate greater than 0.3 cm within one (1) year or a first degree relative with history of aortic dissection.
6. Member with Marfan syndrome with descending thoracic aortic aneurysm diameter greater than or equal to 5 cm and/or maximal cross sectional aortic root area to member height ration greater than or equal to 10 cm²/m.

7. Saccular aneurysm.
8. Pregnancy planned and any of the following:
 - Marfan syndrome with either aneurysm greater than 4.5 cm, or
 - Aneurysm is 4-4.5 cm with aortic root growth greater than or equal to 0.3 cm within one (1) year or first degree relative with history of Marfan syndrome with aortic dissection, or
 - nsHTAD with aneurysm diameter greater than 4.5 cm.

Iliac Artery Aneurysm (IAA) Repair

SECUR Health Plan considers open aneurysm repair (OAR) as medically necessary when there is an absence of prohibitive risk for perioperative mortality and any of the following:

1. Aneurysm greater than or equal to 3 cm in diameter, or
2. Aneurysm diameter growth rate is greater than or equal to 1 cm within one (1) year or at least 0.5 cm within six (6) months, or
3. Asymptomatic aneurysm greater than or equal to 3.5 cm associated with concomitant AAA that meets criteria for AAA repair, or
4. Complications exist from previously placed endograft.

Endovascular Aneurysm Repair of IAA

SECUR Health Plan considers endovascular aneurysm repair of IAA as medically necessary when the following requirements are met:

1. Absence of one or more of the following contraindications:
 - Anatomy prohibits placement of endograft, or
 - Inability to comply with long term postoperative surveillance, or
 - Insufficient vascular access, or
 - Prohibitive risk for perioperative mortality

And, any of the following:

2. Aneurysm greater than or equal to 3 cm in diameter, or
3. Aneurysm diameter growth is greater than or equal to 1 cm within one (1) year or 0.5 cm within six (6) months, or
4. Asymptomatic aneurysm greater than or equal to 3.5 cm associated with concomitant AAA that meets criteria for AAA repair, or
5. Complications from a previously placed endograft

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