



Medical Policy

Endovascular Stent Grafts for Abdominal Aortic Aneurysms

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Related Policies

Endovascular Stent Grafts for Disorders of the Thoracic Aorta, #[233](#)

Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members**

The use of endoprostheses approved by the FDA as a treatment of abdominal aortic aneurysms (AAAs) may be [MEDICALLY NECESSARY](#) as a treatment of AAAs in any of the following clinical situations:

- An aneurysmal diameter greater than 5.0 cm,
- An aneurysmal diameter of 4–5.0 cm that has increased in size by 0.5 cm in the last 6 months,
- An aneurysmal diameter that measures twice the size of the normal infrarenal aorta, or
- A ruptured abdominal aortic aneurysm.

The use of endoprostheses approved by the FDA as a treatment of AAAs is [INVESTIGATIONAL](#) when the above criteria are not met, including but not limited to the following clinical situations:

- Treatment of smaller aneurysms that do not meet the current recommended threshold for surgery
- Treatment of aneurysms that do meet the recommended threshold for surgery in patients who are ineligible for open repair due to physical limitations or other factors.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This procedure is performed in the inpatient setting.

Commercial PPO and Indemnity	This procedure is performed in the inpatient setting.
Medicare HMO BlueSM	This procedure is performed in the inpatient setting.
Medicare PPO BlueSM	This procedure is performed in the inpatient setting.

CPT Codes / HCPCS Codes / ICD-Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of

	the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and

	interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
04V03DZ	Restriction of Abdominal Aorta with Intraluminal Device, Percutaneous Approach
04U04JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach
04U03JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Approach
04V04DZ	Restriction of Abdominal Aorta with Intraluminal Device, Percutaneous Endoscopic Approach

Description

Management of a clinically significant abdominal aortic aneurysm (AAA) consists of surgical excision with the placement of a sutured woven graft or endovascular grafting.¹ Surgical excision is associated with a perioperative mortality rate between 1% and 5%. Perioperative morbidity and mortality are highest in older female patients with cardiac, pulmonary, or kidney disease; the most common cause of death is multisystem organ failure. Due to the high mortality rate, endovascular prostheses were developed as a less risky and minimally invasive, catheter-based alternative to open surgical excision of AAAs. These devices are deployed across the aneurysm such that the aneurysm is effectively “excluded” from the circulation, with subsequent restoration of normal blood flow.

The main potential advantage of endovascular grafts for an AAA is that they offer a less invasive and less risky approach to the repair of abdominal aneurysms. While the use of an endovascular approach has the potential to reduce the relatively high perioperative morbidity and mortality associated with open AAA repair, use of endovascular grafts also has potential disadvantages. In particular, there are concerns about the durability of the anchoring system, aneurysm expansion, and other late complications related to the prosthetic graft. Aneurysm expansion may result from perivascular leaks, also known as endoleaks, which are a unique complication of endoprostheses. Perivascular leaks may result from an incompetent seal at one of the graft attachment sites, blood flow in aneurysm tributaries (these tributaries are ligated during open surgery), or perforation of graft fabric.^{2,3,4,5}

Several types of grafts are currently in use: straight grafts, in which both ends are anchored to the infrarenal aorta, and bifurcated grafts, in which the proximal end is anchored to the infrarenal aorta, and the distal ends are anchored to the iliac arteries. Fenestrated grafts have also been investigated. These grafts are designed with openings in the wall that can be placed across the renal or celiac arteries while still protecting vessel patency through these critical arteries. Also, extensions can be placed from inside the main endograft body into the visceral arteries to create a hemostatic seal.

Summary

Endovascular stent grafts can be used as minimally invasive alternatives to open surgical repair for treatment of abdominal aortic aneurysms (AAAs). Open surgical repair of AAAs has high morbidity and mortality, and endovascular grafts have the potential to reduce the operative risk associated with AAA repair.

For individuals who have abdominal aortic aneurysms (AAAs) eligible for open repair who receive endovascular stent grafts, the evidence includes randomized controlled trials (RCTs) and systematic reviews of RCTs and cohort studies. Relevant outcomes are overall survival (OS), morbid events, and treatment-related mortality and morbidity. Evidence from a patient-level meta-analysis of 4 RCTs comparing EVAR with open repair for elective treatment of AAAs has indicated that neither approach is clearly superior to the other. While endovascular aneurysm repair (EVAR) is associated with an early reduction in mortality, outcomes at 5 years or longer have generally shown greater reintervention rates and endovascular mortality and comparable OS rates for EVAR and open repair. Thus, the early advantage of EVAR is offset by a higher rate of late complications over the long-term. Based on these data, EVAR may be considered as an alternative to open surgery in patients who are candidates for both procedures. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have ruptured AAAs who receive endovascular stent grafts, the evidence includes RCTs, systematic reviews of RCTs, and nonrandomized comparative studies. Relevant outcomes are OS, morbid events, and treatment-related mortality and morbidity. For patients with ruptured AAAs, evidence from 3 major RCTs and 2 meta-analyses has indicated that short- and intermediate-term survival (up to 1 year) following EVAR is comparable with open repair, while perioperative complications are reduced with EVAR. Evidence from a large nonrandomized matched comparison demonstrated that EVAR is associated with a perioperative mortality benefit up to 4 years post-surgery, at the cost of the increased likelihood of the need for reintervention. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have AAAs ineligible for open repair who receive endovascular stent grafts, the evidence includes RCTs and retrospective analyses. Relevant outcomes are OS, morbid events, and treatment-related mortality and morbidity. At least 2 RCTs have compared EVAR with no surgical intervention for patients ineligible for open repair, either because of aneurysm size or prohibitive surgical risk. These trials did not report superior outcomes with EVAR and thus do not support the use of EVAR in this population. One retrospective database analysis suggests a likely benefit to EVAR in patients deemed unfit for open AAA repair, which may be reserved for those with lower Gagne Indices, larger AAA diameters, and lack of frailty, while a propensity score-matched analysis indicates a long-term survival benefit with EVAR relative to conservative management in patients with AAA deemed unfit for open repair.

based on cardiopulmonary exercise testing. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
7/2025	Annual policy review. Policy updated with literature review through March 17, 2025; references added. Policy statements unchanged.
7/2024	Annual policy review. References updated. Policy statements unchanged.
7/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
9/2019	Outpatient prior authorization information clarified to N/A. This service is primarily performed in an inpatient setting.
6/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2018	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2018	Clarified coding information.
6/2017	Annual policy review. New references added
7/2016	Annual policy review. Policy title changed to “Endovascular Stent Grafts for Abdominal Aortic Aneurysms.” Policy statements unchanged. 7/1/2016
9/2015	Added coding language.
9/2014	Coding information clarified.
6/2014	The 2nd policy statement was editorially revised to clarify that situations that do not meet the criteria in the 1st policy statement would be considered investigational.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
1/2014	Updated to add new CPT codes 34841-34848.
11/2013	Removed CPT codes 34812, 34825 & 34826 and ICD-9 diagnosis codes 441.02 & 447.72 as they do not meet the intent of the policy.
6/2013	Annual policy review. New references added
4/2013	Annual policy review. New references added
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
4/2011	Reviewed Medical Policy Group – Cardiology and Pulmonology. No changes to policy statements.
11/1/2010	BCBS Association National Policy Review. Revisions to coverage statement made, effective 11/1/2010.
4/2010	Reviewed Medical Policy Group – Cardiology. No changes to policy statements.
5/1/2009	Medical Policy 098 effective 5/1/2009.
4/2009	Reviewed - Medical Policy Group – Cardiology. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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