



Evidence Based Guideline

Ultrasound Screening for Abdominal Aortic Aneurysm

File Name: ultrasound_screening_for_abdominal_aortic_aneurysm
Guideline Number: EBG.RAD5241
Origination: 1/2007
Last Review: 3/2008
Next Review: 3/2010

Description of Procedure 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.

Evidence Based Guideline for Ultrasound Screening for Abdominal Aortic Aneurysm

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

Medical Evidence regarding Ultrasound Screening for Abdominal Aortic Aneurysm indicates it is not recommended in the following situations:

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

Policy: Ultrasound Screening for Abdominal Aortic Aneurysm

between the benefits and harms of screening in this population is too close to make a general recommendation.

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.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: G0389

Medical Term Definitions

not applicable

Scientific Background and Reference Sources

U.S. Preventive Services Task Force (USPSTF). Screening for Abdominal Aortic Aneurysm: A Best Evidence Systematic Review. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2005. Retrieved 11/20/06 from <http://www.ahrq.gov/clinic/uspstf05/aaascr/aaarev.htm>

Centers for Medicare & Medicaid Services. CMS Manual System Transmittal 1113 (November 2006). Retrieved 12/20/06 from <http://www.cms.hhs.gov/Transmittals/downloads/R1113CP.pdf>

Ontario Health Technology Advisory Committee. OHTAC Recommendation: Ultrasound screening for abdominal aortic aneurysms (January 24, 2006). Retrieved 1/4/07 from http://www.health.gov.on.ca/english/providers/program/mas/tech/recommend/rec_usaaa/012406.pdf

Lederle FA, Wilson SE, Johnson GR, Reinke DB, Littooy FN, Archer CW, et al. (May 2002). Immediate repair compared with surveillance of small abdominal aortic aneurysms. *N Engl J Med*, 9;346(19):1437-44

United Kingdom Small Aneurysm Trial Participants. (May 2002). Long-term outcomes of immediate repair compared with surveillance of small abdominal aortic aneurysms. *N Engl J Med*, 9;246(19):1445-52

Policy Implementation/Update Information

1/29/07 New policy issued. A one-time ultrasound screening for abdominal aortic aneurysm may be considered medically necessary for members with a family history of abdominal aortic aneurysm or for men, aged 65 to 75, who have ever smoked (current and former smokers).

Policy: Ultrasound Screening for Abdominal Aortic Aneurysm

- 4/9/07 Specialty Matched Consultant Advisory Panel review 3/15/07. No changes to policy coverage criteria.
- 4/7/08 Specialty Matched Consultant Advisory Panel review 3/12/08. No change to policy coverage criteria.
- 12/08/08 Medical Policy changed to Evidence Based Guideline.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.