



Intracranial Flow Diverting Stents

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

An intracranial aneurysm is a weakened area in the wall of an artery that balloons/bulges out and fills with blood. An aneurysm can involve all of the vessel walls (a fusiform aneurysm), just one wall (saccular), or it can separate the vessel walls (dissecting). The orifice of an aneurysm is also called the aneurysm 'neck,' and the body of the aneurysm is also called a 'sack or dome'. A ruptured aneurysm can cause hemorrhagic stroke, brain damage, or death.

Treatment of intracranial aneurysms may be open surgery or endovascular treatment. Open surgical "clipping" isolates the aneurysm to eliminate further blood flow into it and reducing risk of rupture. Endovascular treatment leads to thrombosis of the aneurysm using coils or stents. Flow diverters or Flow-Diverting Stents (FDS) redirect blood flow to the aneurysm with the goal of gradual thrombosis and prevention of rupture.

Criteria

Commercial

Prior authorization is required.

PacificSource considers intracranial aneurysm flow diverters or flow-diverting stents medically necessary as part of the treatment of individuals with intracranial aneurysm when **ALL** of the following criteria are met:

1. Standard surgical treatment is not appropriate or attempted surgery was unsuccessful; **and**
2. Standard endovascular techniques (coiling) are inadequate to achieve complete isolation of the aneurysm because of anatomic consideration which include, but are not limited to:
 - a. Wide-neck aneurysm (4mm or more); **or**

- b. Sack-to-neck ratio less than 2:1.

Medicaid

PacificSource Community Solutions follows Oregon Administration Rules (OAR) 410-120-1200 and 410-141-3820 to 3830 for coverage of Intracranial Flow Diverting Stents.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers intracranial flow diverting stent placement to treat intracranial aneurysms experimental, investigational or unproven for any other indications than listed above.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation

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Appendix

Effective: 7/1/2020

Next review: 4/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200 and 410-141-3820 to 3830

Commercial Ops: 11/2021

Government Ops: 11/2021