

Abdominal Aortic Aneurysm (AAA)
Industry Standard of Care Policies and
Recommendations

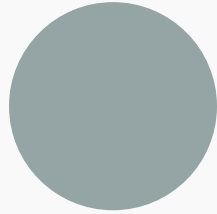


Standards

Significant Organizations and
Carriers



- U.S. Preventive Services and Task Force
- Group Health - Medicare Review Policy
- Medicare.gov
- Centers for Disease Control and Prevention
- Cleveland Clinic



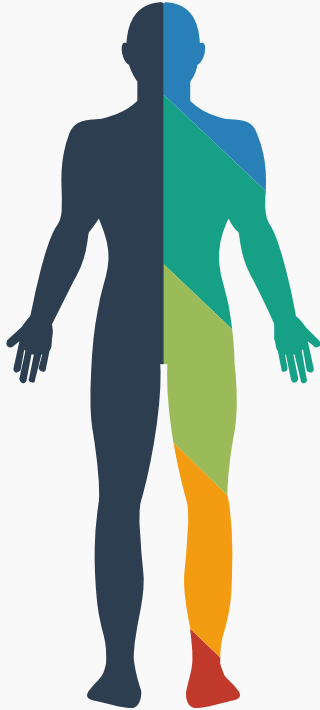
Screening for Abdominal Aortic Aneurysm

Understanding Task Force Recommendations

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation statement on *Screening for Abdominal Aortic Aneurysm*. This final recommendation statement applies to adults ages 50 and older who do not have signs or symptoms of an abdominal aortic aneurysm (AAA). The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of screening for AAA: (1) Men ages 65 to 75 who smoke or have ever smoked should have a one-time AAA screening; (2) Doctors can consider offering screening to men ages 65 to 75 who have never smoked; (3) Currently, there is not enough evidence to make a recommendation for or against AAA screening in women ages 65 to 75 who smoke or have ever smoked; (4) Women who have never smoked should not get routine AAA screening.

Standard of Care

One Time Screening



- ▶ **All Males between 65-75 years old who have smoked**
- ▶ **Physicians *may* consider all males between 65-75 years old OR those with an indication.**
 - Diabetes
 - Hypertension
 - PAD Indications
 - (Claudication/Leg pain/Cramping)
 - Heredity
 - Infection
 - Non-healing foot or toe wounds
 - Loss of hair on toes or lower leg
 - Congenital (Marfans)
 - Arterio/Atherosclerosis
 - Lower leg decrease in temperature
 - Poor/bad ABI
 - Lipid Problems
 - Family History of PAD or CAD
- ▶ **No recommendation (for or against) on females who have smoked between ages 65-75/**
- ▶ **No evidence to screen on females who have never smoked**
- ▶ **Females with family history is not addressed**

Standard of Care

Summary

Abdominal Aortic Aneurysm: Screening

Release Date: June 2014

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Men Ages 65 to 75 Years who Have Ever Smoked	The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked.	B
Men Ages 65 to 75 Years who Have Never Smoked	The USPSTF recommends that clinicians selectively offer screening for AAA in men ages 65 to 75 years who have never smoked rather than routinely screening all men in this group.	C
Women Ages 65 to 75 Years who Have Ever Smoked	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for AAA in women ages 65 to 75 years who have ever smoked.	I
Women Who Have Never Smoked	The USPSTF recommends against routine screening for AAA in women who have never smoked.	D

2012 Medicare Review Policy

Overview



Prevention

Because a lifetime history of tobacco use is strongly associated with abdominal aortic aneurysm (AAA) and its associated mortality, it is important to avoid tobacco use. Because more than 90% of users start using tobacco before age 21, it also is important to counsel younger patients (ages 11–21) to avoid tobacco experimentation. Tobacco users of all ages should be urged to quit tobacco and be assisted in their quit attempts with counseling and appropriate pharmacotherapy. See the Tobacco Use Guideline for more information.

Screening Recommendations and Tests

Eligible population	Test	Frequency
Men aged 65–75 who have a smoking history of more than 100 cigarettes ¹ with no family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	One time
Men aged 55–75 who have a family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	One time
Women aged 55–75 who have both a smoking history of more than 100 cigarettes and a family history (parent or sibling) of AAA	Ultrasound of abdominal aorta	Consider one time
Women of any age who have neither a smoking history nor a family history (parent or sibling) of AAA	Screening not recommended	N/A

¹ Screening men aged 65–75 years who have ever smoked results in a 43% reduction in AAA-specific mortality (absolute risk reduction = 0.12%). There is no evidence that screening for AAA reduces all-cause mortality in this group.

Medicare.gov

Medicare Policy Review for AAA

Medicare.gov
The Official U.S. Government Site for Medicare

Who's eligible?

People with Medicare who are eligible for an abdominal aortic aneurysm screening must be at risk. You're considered at risk if you meet one of these criteria:

- You have a family history of aortic aneurysms
- You're a man age 65 to 75 and have smoked at least 100 cigarettes in your lifetime.

Your costs in Original Medicare

You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.

How often is it covered?

Medicare Part B (Medical Insurance) covers a one-time abdominal aortic aneurysm ultrasound. You must get a referral for it from your doctor.

Medicare.gov

Medicare Policy Review for AAA

Medicare.gov
The Official U.S. Government Site for Medicare

Abdominal aortic aneurysm screening

How often is it covered?

Medicare Part B (Medical Insurance) covers a one-time abdominal aortic aneurysm ultrasound. You must get a [referral](#) for it from your doctor.

Who's eligible?

People with Medicare who are eligible for an abdominal aortic aneurysm screening must be at risk. You're considered at risk if you meet one of these criteria:

- ◆ You have a family history of abdominal aortic aneurysms.
- ◆ You're a man age 65 to 75 and have smoked at least 100 cigarettes in your lifetime.

Your costs in Original Medicare

You pay nothing for this test if the doctor or other qualified health care provider accepts [assignment](#).

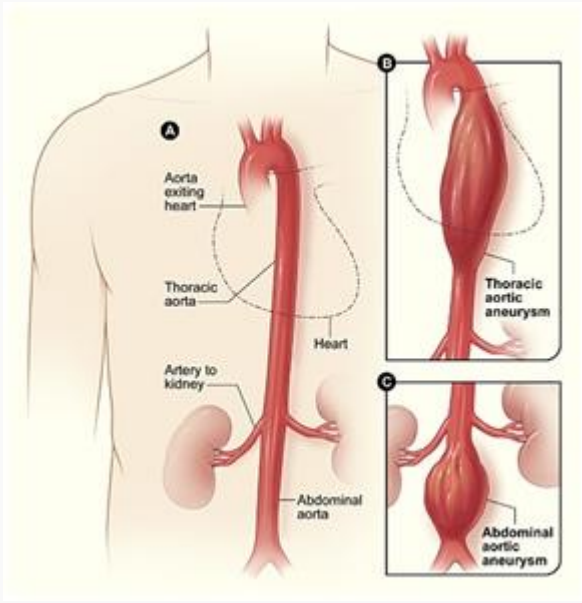
Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People

Facts about Aortic Aneurysm



An aortic aneurysm is a balloon-like bulge in the aorta, the large artery that carries blood from the heart through the chest and torso.

On the left, Figure A shows a normal aorta. Figure B shows a thoracic aortic aneurysm located behind the heart. Figure C shows an abdominal aortic aneurysm located below the arteries that supply blood to the kidneys. (Image courtesy of the National Heart, Lung, and Blood Institute)

Aortic aneurysms work in two ways:

- The force of blood pumping can split the layers of the artery wall, allowing blood to leak in between them. This process is called a **dissection**.
- The aneurysm can burst completely, causing bleeding inside the body. This is called a **rupture**.
- Dissections and ruptures are the cause of most deaths from aortic aneurysms.

Aortic Aneurysm in the United States

- Aortic aneurysms were the primary cause of **10,597 deaths** and a contributing cause in more than **17,215 deaths** in the United States in 2009.^{1,2}
- About **two-thirds** of people who have an aortic dissection are male.³
- The U.S. Preventive Services Task Force recommends that men aged 65–75 years who have ever smoked should get an ultrasound screening for abdominal aortic aneurysms, even if they have no symptoms.⁴

Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People

Risk Factors for Aortic Aneurysm

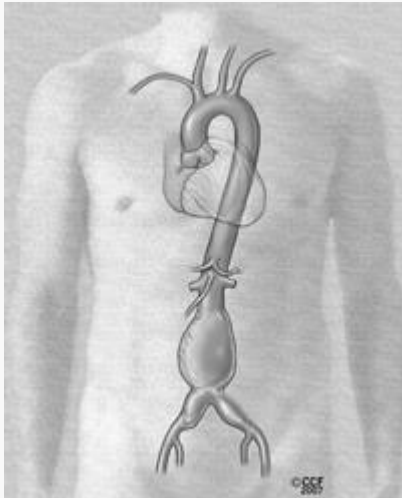
Diseases that damage your heart and blood vessels also increase your risk for aortic aneurysm. These diseases include:

- [high blood pressure](#) .
- [High cholesterol](#).
- [Atherosclerosis \(hardened arteries\)](#).
- [Smoking](#).

Some inherited connective tissue disorders, such as Marfan syndrome and Ehlers-Danlos syndrome, can also increase your risk for aortic aneurysm. Your family may also have a history of aortic aneurysms that can increase your risk.

Unhealthy behaviors can also increase your risk for aortic aneurysm, especially for people who have one of the diseases listed above. Tobacco use is the most important behavior related to aortic aneurysm. People who have a history of smoking are 3 to 5 times more likely to develop an abdominal aortic aneurysm.⁸





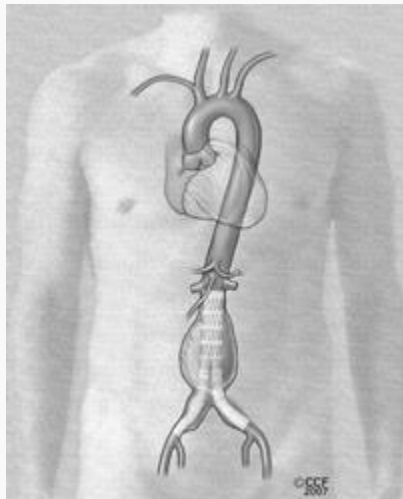
What are some predisposing factors for AAA?

- Smoking
- Heredity
- Congenital defects, such as an inherited weakness in the blood vessel wall; example, Marfan's syndrome
- Injury
- Infection
- High blood pressure (hypertension). This speeds up damage to blood vessel walls.
- Arteriosclerosis (also called atherosclerosis). This occurs when the normal lining of the arteries deteriorates, the walls of the arteries thicken, and deposits of fat and plaque block the flow of blood through the arteries. The association of arteriosclerosis with the development of aneurysms is controversial.
- High cholesterol

Who should be screened for AAA?

An abdominal aortic aneurysm (AAA) is a major health risk that may not have related symptoms until a life-threatening event occurs, such as aneurysm rupture. An abdominal ultrasound is a preventive screening tool that can be used to identify an AAA so that prompt treatment can be provided prior to aneurysm rupture.

U.S. Preventive Services Task Force Screening guidelines?



Currently, Medicare is offering a one-time, free abdominal ultrasound AAA screening to qualified senior citizens as part of its Welcome to Medicare physical. This physical must be conducted within the first 12 months of enrollment in Medicare. Men who have smoked at least 100 cigarettes during their lifetime qualify for the Medicare screening.

This screening recommendation is based on the U.S. Preventive Services Task Force (USPSTF) [Screening for Abdominal Aortic Aneurysm](#): Recommendation Statement. January 2014. Agency for Healthcare Research and Quality, Rockville, Md.

Additional screening guidelines

The Society for Vascular Surgery (SVS) and the Society for Vascular Medicine and Biology (SVMB) recommend abdominal ultrasound AAA screening for these patients:

- All men age 65 years old or older and men as early as age 55 with a family history of AAA
- All women age 65 or older with a family history of AAA or those who have smoked

Cleveland Clinic supports the SVS and SVMB screening recommendations for these patients who have a higher risk of developing an AAA. Coverage for abdominal AAA ultrasound screening may differ, depending on your insurance. Therefore, please contact your insurance provider for specific coverage options before scheduling this test.

American College of Cardiology/American Heart Association

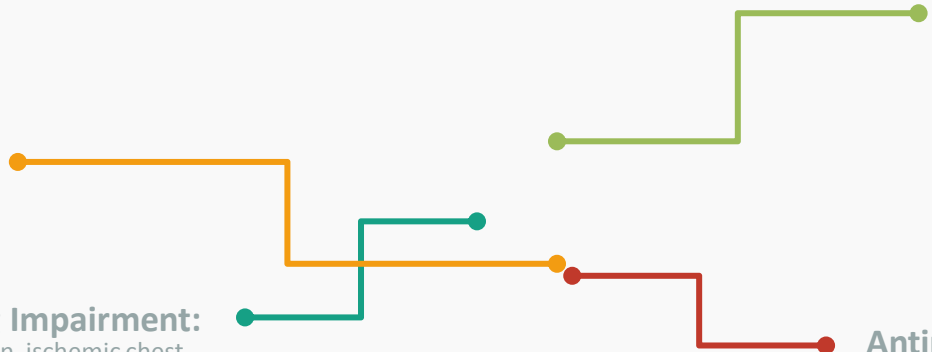
Joint Recommendation

Positive ABI
Ankle Brachial Index

Walking Impairment:
Claudication, ischemic chest pain, and/or non-healing wounds.

Smoking Cessation...
Lipid therapies, diabetes and hypertension to national treatment guidelines.

Antiplatelet therapy:
Indicated for individuals with asymptomatic lower extremity PAD



Sources

- <http://www.uspreventiveservicestaskforce.org/uspstf/uspसानेु.htm>
<https://www.ghc.org/all-sites/guidelines/aaa.pdf>
- <http://www.uptodate.com/contents/screening-for-abdominal-aortic-aneurysm>
- <http://www.ahrq.gov/professionals/clinicians-providers/resources/aaaprovider.html>
- <http://www.empr.com/uspstf-recommendations-issued-for-aaa-screening/article/331390/>
- <http://www.medicare.gov/coverage/ab-aortic-aneurysm-screening.html>
- <http://annals.org/article.aspx?articleid=718158>
- http://www.aetna.com/cpb/medical/data/700_799/0702.html
- <http://www.aafp.org/afp/2005/0601/p2144.html>
- <http://www.medpagetoday.com/Cardiology/PeripheralArteryDisease/43997>
- http://my.clevelandclinic.org/services/heart/disorders/hic_Abdominal_Aortic_Aneurysm
- <http://www.ncbi.nlm.nih.gov/pubmed/24957320>
- <http://www.uptodate.com/contents/screening-for-abdominal-aortic-aneurysm>
- Medicare.gov http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3afile=viv_OqgRIX&server=pvlbsrch10&v:state=root%7Croot-20-10%7C0
- Healthfinder.gov basics (for patients)
<http://www.healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/talk-to-your-doctor-about-abdominal-aortic-aneurysm>
- <http://www.medpagetoday.com/Cardiology/PeripheralArteryDisease/43997>
Women who've smoked are now recommended to scan.
- <http://www.medpagetoday.com/Cardiology/PeripheralArteryDisease/43997>
[one-time screening should be performed in men 60 and older who have a sibling or parent with AAA and men ages 65 to 75 who have ever smoked.](http://www.medpagetoday.com/Cardiology/PeripheralArteryDisease/43997)
Screening is not recommended for women or nonsmoking men.
- As for women: As for women, the task force concluded that there was not enough information to determine the relative risks and benefits of screening in women ages 65 to 75 who had ever smoked, but that the harms likely outweigh any potential benefits in nonsmoking women.
- The 2010 Statement is Here:
<http://circ.ahajournals.org/content/121/13/e266.full.pdf> the changes from the 2005 statement recognizes that women who have ever smoked should be eligible because their rate of disease is a significant amount of the population.
- The 2005 recommendation Statement is here:
<http://www.aafp.org/afp/2005/0601/p2144.html> and here
<http://annals.org/article.aspx?articleid=718158>
- Up to Date for AAA website lasted updated July 8, 2014
<http://www.uptodate.com/contents/screening-for-abdominal-aortic-aneurysm>
- ACC AHA Practice Guidelines
http://www.cardiosource.org/~media/Images/ACC/Science%20and%20Quality/Practice%20Guidelines/p/pad_abs.ashx
- Review from 2011 in the Exp Clin Cardiol:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3076160/>