



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

# Abdominal Aortic Aneurysm Screening

Policy Number: PG0110  
Last Review: 01/10/2017

## GUIDELINES

**This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.**

## SCOPE

Professional  
 Facility

## DESCRIPTION

Abdominal aortic aneurysms (AAA) occur most commonly in individuals between 65 and 75 years old and are more common among men and smokers. They tend to cause no symptoms, although occasionally they cause pain in the abdomen and back (due to pressure on surrounding tissues) or in the legs (due to disturbed blood flow). The major complication of AAA is rupture, which can be life threatening as large amounts of blood spill into the abdominal cavity, and can lead to death within minutes. Ultrasound is used to screen for aneurysms to determine the size of any present.

The U.S. Preventive Services Task Force (USPSTF) recommendation summary for AAA screening:

- The USPSTF recommends one-time screening for AAA with ultrasonography in men ages 65 to 75 years who have ever 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.
- 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.
- The USPSTF recommends against routine screening for AAA in women who have never smoked.

## POLICY

**Abdominal aortic aneurysm screening (76706) does not require prior authorization.**

## COVERAGE CRITERIA

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

Paramount considers a one-time ultrasound screening for abdominal aortic aneurysms (AAA) medically necessary for men 65 years of age or older and women with a family history of AAA.

Paramount considers AAA screening experimental and investigational for all other indications because its effectiveness for indications other than the one listed above has not been established.

AAA Screening is considered a preventive care service. Preventive care services must be submitted with a diagnosis code that describes encounters with health services that are not for the treatment of illness or injury. These diagnosis codes must be identified as the primary diagnosis code on the claim form. If claims for preventive care services are submitted with diagnosis codes that represent treatment of illness or injury as the primary (first) diagnosis on the claim, the service will not be identified as preventive care and the claim will be processed using the normal medical benefits rather than enhanced preventive care coverage.

## CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
76706	Ultrasound, abdominal aortic, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
ICD-9-CM CODE	
V81.2	Special screening for other and unspecified cardiovascular conditions [abdominal aortic aneurysm (AAA)]
ICD-10-CM CODE; EFFECTIVE 10/01/2015	
Z13.6	Encounter for screening for cardiovascular disorders [abdominal aortic aneurysm (AAA)]

## REVISION HISTORY EXPLANATION

### ORIGINAL EFFECTIVE DATE: 02/15/2007

02/01/08: No change

04/15/09: Updated references

02/01/11: Updated

08/13/12: Updated

09/08/15: Removed codes 76700, 76705, 76770. Added ICD-9 code V81.2 and ICD-10 code Z13.6. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/10/17: Added effective 01/01/17 new code 76706. Removed effective 01/01/17 deleted HCPCS code G0389. Removed code 76775. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/14/2020: Medical policy placed on the new Paramount Medical Policy Format

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.