Coverage Summary

Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>E-002</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 06/25/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 07/17/2018</td>
<td></td>
</tr>
</tbody>
</table>

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Extracranial-Intracranial (EC-IC) arterial bypass surgery is not a covered procedure.

Guidelines/Notes:

1. Extracranial-Intracranial (EC-IC) arterial bypass surgery is not covered for the treatment of ischemic cerebrovascular disease of carotid or middle cerebral arteries, which includes the treatment or prevention of stroke. The premise that Extracranial-Intracranial (EC-IC) arterial bypass surgery which bypasses narrowed arterial segments improves the blood supply to the brain and reduces the risk of having a stroke has not been demonstrated to be any more effective than no surgical intervention. See the NCD for Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery (20.2). (Accessed June 27, 2018)

II. DEFINITIONS
### III. REFERENCES

See above

### IV. REVISION HISTORY

04/01/2019  Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
- In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*)

07/17/2018  Annual review with the following update:
Updated title CMS reference source from NCD for EC-IC Arterial Bypass (20.2) to NCD for Extracranial-Intracranial (EC-IC) Arterial Bypass Surgery (20.2).

07/17/2017  Annual review; no updates

07/26/2016  Annual review; no updates

08/18/2015  Annual review; no updates

08/19/2014  Annual review; no updates

08/20/2013  Annual review; no updates

08/20/2012  Annual review; no updates

08/29/2011  Annual review; no updates