

Fabric Wrapping of Abdominal Aneurysms

Policy Number: MCS036.02
Approval Date: July 20, 2021

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
Policy History/Revision Information	1
Instructions for Use	1

Related Policies
None

Coverage Guidelines

Fabric wrap for abdominal aneurysms is not a covered benefit.
Medicare statement: This procedure has not been shown to prevent eventual rupture.

In extremely rare instances, external wall reinforcement may be indicated when the current accepted treatment (excision of the aneurysm and reconstruction with synthetic materials) is not a viable alternative, but external wall reinforcement is not fabric wrapping. Refer to the [National Coverage Determination \(NCD\) for Fabric Wrapping of Abdominal Aneurysms \(20.23\)](#). (Accessed June 23, 2021)

Policy History/Revision Information

Date	Summary of Changes
07/20/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version MCS036.01

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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](#)).

CPT® is a registered trademark of the American Medical Association.