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Abdominal Aortic Aneurysm Screening Guideline

Most recent guideline approval date: December 2016

Guidelines are systematically developed statements to assist patients and providers in choosing appropriate health care for specific clinical conditions. While guidelines are useful aids to assist providers in determining appropriate practices for many patients with specific clinical problems or prevention issues, guidelines are not meant to replace the clinical judgment of the individual provider or establish a standard of care. The recommendations contained in the guidelines may not be appropriate for use in all circumstances. The inclusion of a recommendation in a guideline does not imply coverage. A decision to adopt any particular recommendation must be made by the provider in light of the circumstances presented by the individual patient.

Major Changes as of December 2016

Abdominal aortic aneurysm (AAA) screening is **no longer recommended** for:

- Women of any age, regardless of smoking history or family history of AAA.
- Men under age 65.

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

AAAs may be asymptomatic for years, but as many as 1 in 3 will eventually rupture if left untreated. When rupture occurs, 80–90% of the patients die. Early detection of AAA through screening can thus be life-saving, as it gives the patient an opportunity to undergo elective surgical repair, which is much safer than emergency repair after the aneurysm ruptures.

Table 1. AAA screening recommendations: MEN

Age	Ever smoked [1]	Family history or other risk factors [2]	Recommendation	USPSTF grade [3]
65–75	Yes	N/A	Screen once for AAA by ultrasound.	B
	No	Yes	Consider screening once for AAA by ultrasound.	C

1 Ever smoked = having smoked at least 100 cigarettes during a lifetime. Both the adult and senior well visit forms include a question about this.
2 Family history = first-degree relative with AAA. Other risk factors = history of vascular aneurysm, CAD, cerebrovascular disease, atherosclerosis, hypercholesterolemia, obesity, and hypertension.
3 U.S. Preventive Services Task Force grades:
B = high certainty of moderate net benefit or moderate certainty of moderate to substantial net benefit.
C = at least moderate certainty that the net benefit is small.

Table 2. AAA screening recommendations: WOMEN

While this guideline no longer recommends AAA screening for women on a clinical basis, Medicare does cover AAA screening for certain women as part of the Welcome to Medicare visit. See “Coverage note,” p. 3.

Age	Ever smoked [1]	Recommendation	USPSTF Grade [2]
65–75	Yes	No recommendation (insufficient evidence).	I
Any	No	Do not screen for AAA.	D

1 Ever smoked = having smoked at least 100 cigarettes during a lifetime. Both the adult and senior well visit forms include a question about this.
2 U.S. Preventive Services Task Force grades:
I = insufficient evidence to assess balance of benefits and harms.
D = moderate to high certainty of no net benefit or that harms outweigh benefits.

Why AAA screening is no longer recommended for women of any age
(USPSTF 2014)

- The prevalence of AAA in individuals who have **ever** smoked is much lower in women (0.8%) than in men (6–7%).
- The prevalence of AAA in individuals who have **never** smoked is much lower in women (0.03–0.6%) than in men (2%).
- Women have a higher risk of mortality from surgical repair of AAA than men: 7% versus 5% for open repair, and 2% versus 1% for endovascular repair.

Coverage note

Medicare offers an ultrasound screening coverage benefit for certain patients **if the screening is ordered as part of their Welcome to Medicare visit** (also known as the Initial Prevention Physical Exam, or IPPE). Patients eligible for the Medicare benefit are:

- Men aged 65–75 who ever smoked at least 100 cigarettes during their lifetime.
- Men and women with a family history of AAA.

If the screening is ordered for a patient outside the IPPE, it may not be covered. Members should check with Customer Service to be certain about coverage.

Coding Tips for Ultrasound of Abdominal Aorta

Order code	**ICD-10 diagnosis code**
If ordered **during an IPPE (Welcome to Medicare) visit,** use: G0389.050 - U/S AAA	One of the following: History of tobacco use — Z87.891 Family history of other cardiovascular diseases — Z82.49 Screening for other and unspecified cardiovascular conditions — Z13.6
If ordered **during a visit that is *not* an IPPE,** use: 76775 - U/S AAA	Screening for other and unspecified cardiovascular conditions — Z13.6

Evidence Summary

To develop the Abdominal Aortic Aneurysm Screening Guideline, the guideline team has adopted the following externally developed evidence-based guideline:

LeFevre ML; U.S. Preventive Services Task Force. Screening for abdominal aortic aneurysm: U.S. Preventive Services Task Force (USPSTF) recommendation statement. *Ann Intern Med.* 2014 Aug 19;161(4):281-290. doi:10.7326/M14-1204.

Guideline Development Process and Team

Development process

To develop the Abdominal Aortic Aneurysm Screening Guideline, the guideline team adapted recommendations from externally developed evidence-based guidelines and/or recommendations of organizations that establish community standards.

This edition of the guideline was approved for publication by the Guideline Oversight Group in December 2016.

Team

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Disclosure of conflict of interest

Kaiser Permanente requires that team members participating on a guideline team disclose and resolve all potential conflicts of interest that arise from financial relationships between a guideline team member or guideline team member's spouse or partner and any commercial interests or proprietary entity that provides or produces health care–related products and/or services relevant to the content of the guideline.

Team members listed above have disclosed that their participation on the AAA Screening Guideline team includes no promotion of any commercial products or services, and that they have no relationships with commercial entities to report.