

Cardio Policy:

Vessel Mapping for Hemodialysis Access or CABG Surgery

POLICY NUMBER UM CARDIO_1083	SUBJECT Vessel Mapping for Hemodialysis Access or CABG Surgery		DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 04/01/11, 11/07/12, 08/22/13, 06/28/14, 02/19/15, 05/05/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 05/12/21, 08/11/21, 11/10/21, 11/09/22	APPROVAL DATE November 9, 2022	EFFECTIVE DATE November 28, 2022	COMMITTEE APPROVAL DATES 04/01/11, 11/07/12, 08/22/13, 06/28/14, 02/19/15, 05/05/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 05/12/21, 08/11/21, 11/10/21, 11/09/22	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for vessel mapping for hemodialysis access or CABG surgery.

II. DEFINITIONS

This study consists of the use of Duplex ultrasound to evaluate arterial inflow, venous outflow, and the adequacy of the venous system to support an autogenous access in the extremity.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. Anticipated creation of hemodialysis access using autogenous conduit. (AUC Score 7)1,2,3
- B. Anticipated use of upper or lower extremity veins for CABG surgery. (AUC Score 7)1,2,3

Limitations

A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note from Vascular Surgeon/Nephrologist requesting hemodialysis access creation/Cardiac surgeon.
- B. Primary codes appropriate for this service: 93985- Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study. 93986- Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study. 93971- Vessel mapping for CABG/PAD graft. 93970 (bilateral extremities) or 93971 (unilateral extremity).

V. APPROVAL AUTHORITY

- A. Review Utilization Management Department
- B. Final Approval Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

- Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) (L33693). Non-Invasive Evaluation of Extremity Veins. Retrieved from https://www.cms.gov April 23rd, 2019.
- 2. American College of Radiology Practice Guidelines. ACR Practice guidelines for the performance of peripheral venous ultrasound examination. Revised 2019 (Resolution 29)
- Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013
 ACCF appropriate use criteria methodology update: a report of the American College of
 Cardiology Foundation appropriate use criteria task force. Journal of the American College of
 Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
- 4. NCQA UM 2022 Standards and Elements.

