



Cardio Policy:

Venous Duplex

POLICY NUMBER UM CARDIO_1093	SUBJECT Venous Duplex		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 04/06/11, 11/07/12, 03/10/14, 05/21/14, 08/12/15, 11/23/16, 12/21/16, 10/10/17, 05/01/18, 02/13/19, 02/21/19, 04/02/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 08/11/21, 07/13/22	APPROVAL DATE July 13, 2022	EFFECTIVE DATE July 29, 2022	COMMITTEE APPROVAL DATES 04/06/11, 11/07/12, 03/10/14, 05/21/14, 08/12/15, 11/23/16, 12/21/16, 10/10/17, 05/01/18, 02/13/19, 02/21/19, 04/02/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 08/11/21, 07/13/22	
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 Venous Duplex.

II. DEFINITIONS

Venous Duplex consists of imaging of the veins of the extremities to obtain anatomic and physiologic information.

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. Evaluation of a patient with deep venous thrombophlebitis or has clinical findings (otherwise unexplained limb pain, swelling) which suggest the possibility of acute deep venous thrombophlebitis with no prior venous duplex within the last 3 months. **(AUC Score 9)^{1,2,3}**
- B. Evaluation of a patient presenting signs and symptoms of pulmonary embolism (PE) indicated by dyspnea, chest pain, and/or hemoptysis with no prior venous duplex within the last 3 months. **(AUC Score 8)^{1,2,3}**
- C. Evaluation of a patient with symptomatic varicose veins and non-invasive studies are needed to guide management of the patient with no prior venous duplex within the last 6 months. **(AUC Score 7)^{1,2,3}**
- D. Evaluation of a patient with known or suspected chronic venous insufficiency, post phlebitic syndrome, or lymphedema with no prior venous duplex within the last 3 months. **(AUC Score 7)^{1,2,3}**
- E. Venous duplex is appropriate if there is lower extremity swelling or pain as a complication following the venous intervention. **(AUC Score 8)^{1,2,3}**
- F. Venous duplex of the intervened extremity as a baseline follow up is appropriate provided no venous duplex has been performed within the last 2 weeks of venous intervention. **(AUC Score 7)^{1,2,3}**
- G. Evaluation of a patient with sustained trauma and injury of the venous system is suspected, making evaluation of the venous system of extremities necessary with no prior venous duplex in the last 6 months. **(AUC Score 7)^{1,2,3}**

Limitations:

- A. It is inappropriate to perform non-invasive physiologic testing (93965) and duplex scan (93970, 93971) of the same extremity veins during the same encounter as duplex scan is inclusive of non-invasive physiologic testing.
- B. 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 that prompted request
 - 2. All previous vascular studies performed
 - 3. Progress note from Cardiologist or Vascular Surgeon (if seen previously by a surgeon)
- B. Primary codes appropriate for this service: 93970, 93971

V. APPROVAL AUTHORITY

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

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Florida. Local Coverage Determination (LCD) (L33693). Non-Invasive Evaluation of Extremity Veins. Retrieved from <https://www.cms.gov> April 23rd, 2019.
2. Gornik HL, et al. ACCF/ACR/AIUM/ASE/IAC/SCAI/SCVS/SIR/SVM/SVS/SVU 2013 appropriate use criteria for peripheral vascular ultrasound and physiological testing part II: testing for venous disease and evaluation of hemodialysis access: a report of the american college of cardiology foundation appropriate use criteria task force. Journal of the American College of Cardiology. Aug 2013. Volume 62, Issue 7, Pages 649-665.
3. 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.