



# Cardio Policy:

## Renal/Retroperitoneal Vascular Duplex Ultrasound

<b>POLICY NUMBER</b> UM CARDIO_1125	<b>SUBJECT</b> Renal/Retroperitoneal Vascular Duplex Ultrasound	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 4</b>
<b>DATES COMMITTEE REVIEWED</b> 07/22/11, 12/12/12, 06/30/14, 08/22/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 02/13/19, 03/08/19, 09/11/19, 12/11/19, 08/12/20, 04/14/21, 08/11/21, 09/08/21, 12/08/21	<b>APPROVAL DATE</b> December 8, 2021	<b>EFFECTIVE DATE</b> December 31, 2021	<b>COMMITTEE APPROVAL DATES</b> 07/22/11, 12/12/12, 06/30/14, 08/22/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 02/13/19, 03/08/19, 09/11/19, 12/11/19, 08/12/20, 04/14/21, 08/11/21, 09/08/21, 12/08/21
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2	<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>	<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. PURPOSE

Indications for determining medical necessity for Renal/Retroperitoneal Vascular Duplex Ultrasound.

### II. DEFINITIONS

Renal Duplex ultrasound images the renal arteries via spectral/color flow Doppler and B-mode scanning to assess abnormalities in the blood flow there by identifying areas of blockage.

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:

- A. Follow up testing in asymptomatic patient with Renal Artery Stenosis to determine hemodynamic significance of stenosis. **(AUC Score 7)**<sup>1,2,3,4,6</sup>
- B. Evaluation for Renal Artery Stenosis with worsening of renal function test (Creatinine) in presence of malignant hypertension. **(AUC Score 8)**<sup>1,2,3,4,6</sup>
- C. Evaluation for Renal Artery Stenosis with resistant hypertension (patient has uncontrolled hypertension after being on at least 3 medications including diuretics). **(AUC Score 8)**<sup>1,2,3,4,6</sup>
- D. Evaluation for Renal Artery Stenosis in an asymptomatic patient with hypertension who is younger than 30 years old. **(AUC Score 8)**<sup>1,2,3,4,6</sup>
- E. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine and hypertension in young person (age <35 years). **(AUC Score 8)**<sup>1,2,3,4,6</sup>
- F. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine and hypertension with evidence of size discrepancy between kidneys noted on other imaging modalities as CT/MR. **(AUC Score 7)**<sup>1,2,3,6</sup>
- G. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine and hypertension. **(AUC Score 7)**<sup>1,2,3,6</sup>
- H. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine (>50% increase from baseline) and/or hypertension with recent addition of ACEI/ARBs. **(AUC Score 8)**<sup>1,2,3,6</sup>
- I. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine and/or hypertension with epigastric bruit. **(AUC Score 7)**<sup>1,2,3,6</sup>
- J. Evaluation for Renal Artery Stenosis in symptomatic patient, with elevated creatinine and/or hypertension **(AUC Score 8)**<sup>1,2,3,6</sup>
- K. Baseline surveillance within one month after Renal Artery revascularization. **(AUC Score 8)**<sup>1,2,3,6</sup>
- L. Renal Duplex in a patient after Renal Artery Revascularization with new or worsening symptoms related to renal artery stenosis. **(AUC Score 8)**<sup>1,2,3,6</sup>
- M. To evaluate patients presenting with signs or symptoms such as epigastric or periumbilical postprandial pains that last for 1-3 hours and/or with associated weight loss resulting from decreased oral intake which may indicate chronic intestinal (mesenteric or celiac artery) ischemia. **(AUC Score 6)**<sup>1,2,3,6</sup>
- N. Baseline surveillance in asymptomatic patients one month after mesenteric revascularization, and once again at 3-5 months post, 6-8 months post, and 9-12 months post **(AUC Score 8)**<sup>1,2,3,6</sup> imaging beyond one year is rarely necessary.
- O. To evaluate for suspected portal hypertension or portal vein thrombosis in the presence of hepatic disease, no prior ultrasound within the last 6 months. **(AUC Score 7)**<sup>1,2,3,6</sup>
- P. Surveillance ultrasound to assess for complications status post hepatic or renal or pancreas transplant may be performed as per the protocol of the transplant facility. **(AUC Score 7)**<sup>5,6</sup>
- Q. Surveillance ultrasound to assess for development of hepatocellular carcinoma may be performed every 6 months in patients with the following primary liver conditions: Hepatitis C,

EtOH liver disease, hereditary hemochromatosis, primary biliary cholangitis, autoimmune hepatitis, or alpha 1-antitrypsin deficiency. (AUC Score 6)<sup>7</sup>

- R. To evaluate patients with pain or swelling of scrotal contents which may be as a result of suspected obstruction in arterial inflow or venous outflow to the testicles or related structures. The use of duplex scanning of scrotal contents should only be performed after conventional diagnostic test, such as ultrasound, have proven to be “non-definitive.” (AUC Score 7)<sup>8</sup>

#### Limitations:

- A. Screening of asymptomatic patients for Renal Artery Stenosis with evidence of atherosclerotic vascular disease in other beds is inappropriate.
- B. Screening of asymptomatic patients for Renal Artery Stenosis with unexplained size discrepancy between kidneys noted on other imaging modalities is inappropriate.
- C. Follow up testing for Renal Artery Stenosis as surveillance in asymptomatic patients is inappropriate.
- D. 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. Most recent renal duplex ultrasound of CT/MR report (if applicable)
- B. Primary code appropriate for this service: 93975 for duplex involving the liver and associated vasculature; 93976 for renal or mesenteric vessels.

## V. APPROVAL AUTHORITY

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

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

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9. NCQA UM 2022 Standards and Elements.