



# Cardio Policy: Central Venous Access Procedures

<b>POLICY NUMBER</b> UM CARDIO_1166	<b>SUBJECT</b> Central Venous Access Procedures		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 01/13/21, 08/11/21, 11/10/21, 11/09/22, 12/14/22	<b>APPROVAL DATE</b> December 14, 2022	<b>EFFECTIVE DATE</b> December 30, 2022	<b>COMMITTEE APPROVAL DATES</b> 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 01/13/21, 08/11/21, 11/10/21, 11/09/22, 12/14/22	
<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 Central Venous Access Procedures and removal indications.

## II. DEFINITIONS

Central venous access device (CVAD) is the placement of a venous catheter in a vein that leads directly to the right side of the heart. There are a number of central veins and for each of these there are a variety of techniques.

Catheters are available which differ in length, internal diameter, number of channels, method of insertion, material and means of fixation.

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. Insertion of a CVAD include **(AUC Score 9)**<sup>1,2,3</sup>
  - 1. Long-term administration of intravenous medications.
  - 2. Plasmapheresis
  - 3. Administration of intravenous medications that may be harmful to peripheral venous endothelium
  - 4. Simultaneous administration of medications that cannot be mixed
  - 5. Frequent blood sampling with poor peripheral venous access
  - 6. Hemodialysis prior to AVF creation
- B. Removal of a CVAD include **(AUC Score 8)**<sup>1,2,3</sup>
  - 1. If the central venous access is no longer clinically needed
  - 2. Catheter occlusion
  - 3. Central venous thrombosis
  - 4. Fibrin sheath formation
  - 5. Catheter-related infection
  - 6. Catheter kinking

#### 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 that prompted the request
- B. Primary codes appropriate for this service: CVAD Insertion-36556, 36561, 36563, 36565, 36566, 36558. CVAD removal- 36589, 36590. CVAD replacement- 36578, 36580, 36581, 36583 36575- Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site 36576- Repair of tunneled or non-tunneled central venous access catheter, with subcutaneous port or pump, central or peripheral insertion site 36582-Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access 36597- Repositioning of previously placed central venous catheter under fluoroscopic guidance(for fluoroscopic guidance, use 76000) 36598-Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report. 32552-Removal of Indwelling Tunneled Pleural Catheter with Cuff 77001-Fluroscopic guidance for central venous access device placement, replacement (catheter only or complete) or removal.

### V. APPROVAL AUTHORITY

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

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

1. Rupp SM, et al. Practice guidelines for central venous access: a report by the American Society of Anesthesiologists Task Force on Central Venous Access. *Anesthesiology*. March 2012, Vol.116, Issue 3, 539-573.
2. Bishop L, et al. Guidelines on the insertion and management of central venous access devices in adults. *International Journal of Laboratory Hematology*. Aug 2007. Volume 29, Issue 4, Pages 261-78.
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.