



# Cardio Policy:

## Introduction of Inferior Vena Cava Filter Device

<b>POLICY NUMBER</b> UM CARDIO_1168	<b>SUBJECT</b> Introduction of Inferior Vena Cava Filter Device	<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, 07/07/17, 10/11/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 09/08/21, 09/14/22	<b>APPROVAL DATE</b> September 14, 2022	<b>EFFECTIVE DATE</b> September 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, 07/07/17, 10/11/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 09/08/21, 09/14/22
<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 introduction and removal of Inferior Vena Cava (IVC) Filter Device.

### II. DEFINITIONS

An inferior vena cava filter, also IVC filter is a type of vascular filter. This device is implanted into the inferior vena cava to prevent fatal pulmonary emboli (PE).

Placing a filter in the inferior vena cava (IVC) is an important way to prevent significant pulmonary embolism (PE) arising from a deep vein thrombosis (DVT). This procedure is currently performed under radiological guidance via femoral vein or jugular vein access.

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. Absolute indications for insertion of IVC Filter (AUC Score 9)<sup>1,2,3</sup>**

1. Presence of DVT or PE with any of the following conditions:
  - a. Contraindication to anticoagulation
  - b. Recurrent PE despite anticoagulation
  - c. Anticoagulation-related complication

**B. Relative indications for insertion of IVC Filter:**

1. Free-floating thrombus in IVC or ilio-femoral segments (AUC Score 7)<sup>1,2,3</sup>
2. PE and limited cardiac reserve (AUC Score 7)<sup>1,2,3</sup>
3. Prophylactic in patients with severe trauma, spinal cord injury, or paraplegia (AUC Score 7)<sup>1,2,3</sup>
4. As prophylaxis before surgery (in patients with DVT) (AUC Score 7)<sup>1,2,3</sup>
5. Poor compliance with anticoagulation (AUC Score 7)<sup>1,2,3</sup>
6. Protection during DVT thrombolysis (AUC Score 6)<sup>1,2,3</sup>

**C. Indication for removal and repositioning of IVC filter needs to be documented in Provider notes (AUC Score 7)<sup>1,2,3</sup>**

**Limitations:**

**A. Absolute contraindications for Insertion of IVC filter:**

1. Lack of access into IVC

**B. Relative contraindications for Insertion of IVC filter:**

1. Deranged coagulation
2. Total thrombosis of IVC
3. Bacteremia, sepsis, or both
4. Caval diameter <15mm

**C. 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. Venous duplex/CT/MR imaging report

**B. Primary codes appropriate for this service: Insertion of IVC Filter- 37191, Repositioning of IVC Filter- 37192, Removal of IVC Filter- 37193**

## V. APPROVAL AUTHORITY

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

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

1. American College of Radiology-Society of Interventional Radiology (ACR-SIR) Practice Guideline for the Performance of Inferior Vena Cava (IVC) Filter Placement for the Prevention of Pulmonary Embolism Res. 46- 2010. Accessed through: <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/IVC-FilterPlacement.pdf>
2. Kaufman JA, et al. Guidelines for the use of retrievable and convertible vena cava filters: report from the Society of Interventional Radiology multidisciplinary consensus conference. Journal of Vascular and Interventional Radiology. March 2006. Volume 17, Issue 3, Pages 449-59.
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.