



Cardio Policy:

Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff

POLICY NUMBER UM CARDIO_1170	SUBJECT Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 10/10/17, 03/08/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 10/13/21, 11/09/21, 10/12/22	APPROVAL DATE October 12, 2022	EFFECTIVE DATE October 28, 2022	COMMITTEE APPROVAL DATES 09/09/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 10/10/17, 03/08/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 10/13/21, 11/09/21, 10/12/22
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 Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff.

II. DEFINITIONS

Abdominal aortography is performed to identify vessel narrowing in patients with leg claudication or cramps, caused by reduced blood flow down the legs and to the feet. This is done routinely through the femoral artery but can also be performed through the brachial or axillary (arm) artery. Any stenosis found may be treated with percutaneous interventions.

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. Significant disability despite medical therapy with documentation of outflow or inflow peripheral arterial disease by prior non-invasive study and further study is needed by angiography with the intent of subsequent intervention **(AUC Score 9)^{1,2,3}**
- B. Following: **[(AUC Score 9)^{1,2,3}]**
 - 1. detection of aneurysm and other primary vascular abnormalities that require further investigation for effective treatment
 - 2. the detection of occlusive disease, including evaluation for acute or chronic intestinal ischemia
 - 3. stabilization of GI hemorrhage as an outpatient/elective procedure

Decisions regarding the potential utility of invasive therapeutic interventions (percutaneous or surgical) in patients with lower extremity peripheral arterial disease should be made with a complete anatomic assessment of the affected arterial territory, including imaging of the occlusive lesion, as well as arterial inflow and outflow with angiography or a combination of angiography and noninvasive vascular techniques.

Noninvasive imaging modalities, including MRA, CTA, and color flow duplex imaging, may be used in advance of invasive imaging to develop an individualized diagnostic strategic plan, including assistance in selection of access sites, identification of significant lesions, and determination of the need for invasive evaluation.

Diagnostic peripheral angiography performed at the time of an interventional procedure is separately reportable if at least one indication for medical necessity for a stand-alone lower extremity is met **AND** one of the following is also met:

- A. No prior catheter-based angiographic study is available, and a full diagnostic study is performed, and the decision to intervene is based on the diagnostic study, or
- B. A prior study is available, but as documented in the medical record:
 - 1. the patient's condition with respect to the clinical indication has changed since the prior study; or
 - 2. there is inadequate visualization of the anatomy or pathology; or
 - 3. there is a clinical change during the interventional procedure that requires new evaluation outside the target area of intervention.

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 that prompted request

2. ABI/PVR/Arterial Duplex/CTA /MRA legs report
- B. Primary codes appropriate for this service: 36200, 36245- 36248, 75625, 75630, 75710, 75716, 75726, G0278

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) (L36767). Aortography and peripheral angiography. Retrieved from <https://www.cms.gov> April 24th, 2019.
2. Klein AJ, et al. SCAI appropriate use criteria for peripheral arterial interventions: An update. Catheterization Cardiovascular Interventions. Oct 2017. Volume 90, Issue 4, E90-E110.
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.