

# Cardio Policy:

## Endovascular Iliac Interventions

<b>POLICY NUMBER</b> UM CARDIO_1172	<b>SUBJECT</b> Endovascular Iliac Interventions		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 5</b>
<b>DATES COMMITTEE REVIEWED</b> 09/09/11, 01/09/13, 08/22/14, 06/28/14, 03/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 05/12/21, 10/13/21, 11/09/21, 10/12/22, 02/01/23, 05/10/23, 12/20/23	<b>APPROVAL DATE</b> December 20, 2023	<b>EFFECTIVE DATE</b> December 22, 2023	<b>COMMITTEE APPROVAL DATES</b> 09/09/11, 01/09/13, 08/22/14, 06/28/14, 03/19/15, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 05/12/21, 10/13/21, 11/09/21, 10/12/22, 02/01/23, 05/10/23, 12/20/23	
<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 Endovascular Iliac Interventions.

### II. DEFINITIONS

Endovascular intervention is the treatment of peripheral arterial disease with angioplasty and/or primary stenting. It is performed by opening up the blood vessel with a balloon placed on the end of a catheter. A stent is often used with angioplasty to help keep the artery open.

Rutherford Classification (RC) for Peripheral Artery Disease (PAD) or Chronic Limb Ischemia (CLI) is defined as follows:

Classification 0	Asymptomatic
Classification 1	Mild Claudication (calf pain climbing more than two flights of stairs)
Classification 2	Moderate Claudication (calf pain climbing less than two flights of stairs)
Classification 3	Severe Claudication (calf pain climbing less than one flight of stairs)
Classification 4	Ischemic Rest Pain (foot pain due to inadequate perfusion that improves with placing the foot in a dependent position)
Classification 5	Minor Tissue Loss (cutaneous ischemic ulceration)
Classification 6	Major Tissue Loss (skin necrosis and gangrene)

Trans-Atlantic Inter-Society Consensus (TASC II) classification of aorto-iliac lesions for endovascular intervention:

#### A. Type A lesions:

1. Unilateral or bilateral stenosis of Common Iliac Artery (CIA)

2. Unilateral or bilateral single short ( $\leq 3\text{cm}$ ) stenosis of External Iliac Artery (EIA)
- B. Type B lesions:
1. Short ( $\leq 3\text{ cm}$ ) stenosis of infra renal aorta
  2. Unilateral CIA occlusion
  3. Single or multiple stenosis totaling 3-10 cm involving EIA not extending into Common Femoral Artery (CFA).
  4. Unilateral EIA occlusion not involving the origins of internal iliac or CFA.
- C. Type C lesions:
1. Bilateral CIA occlusions
  2. Bilateral EIA stenosis 3-10cm, not extending into CFA.
  3. Unilateral EIA stenosis extending to CFA.
  4. Unilateral EIA occlusion that involves the origin of internal iliac and/or CFA
- D. Type D lesions:
1. Infra Renal Aorto-Iliac occlusion
  2. Diffuse disease involving the aorta and both iliac arteries
  3. Diffuse multiple stenosis involving the unilateral CIA, EIA CFA
  4. Unilateral occlusions of both CIA and EIA
  5. Bilateral occlusions of EIA

Lesion length. Categorized into focal (less than or equal to 4 cm) and diffuse (greater than 4 cm), which is consistent with the definitions used for the peripheral vascular interventions SCAI AUC document.

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

Guideline directed medical therapy (GDMT) are outlined by joint American College of Cardiology (ACC)/American Heart Association (AHA) in cardiovascular clinical practice guidelines as Class I recommendation. These are maximally tolerated medications for a cardiovascular condition, when prescribed, have shown to improve healthcare outcomes such as survival along with significant reduction in major adverse cardiovascular events and hospitalization. For all recommended drug treatment regimens, the prescriber should confirm the dosage with product insert material and carefully evaluate for contraindications and interactions<sup>7,8,9,10,11,12</sup>

### III. POLICY

Before a patient with intermittent claudication and or rest pain is offered the option of any invasive revascularization therapy, (endovascular or surgical), the following considerations must be considered:

- A. Predicted or observed lack of adequate response to exercise therapy and claudication pharmacotherapies (GDMT) <sup>7,8,9,10,11,12</sup>
- B. Presence of a severe disability, with the patient either being unable to perform normal work or having very serious impairment of other activities important to the patient or having rest pain (RC2-6).
- C. Absence of other disease that would limit exercise even if the claudication was improved (e.g., angina or chronic respiratory disease)
- D. Morphology of the lesion, which must be such that the appropriate intervention would have low risk and a high probability of initial and long-term success. (See TASC Classification)

**Patients should be on maximally tolerated GDMT.**

**Indications for approving a request for medical necessity are:**

- A. Balloon angioplasty is appropriate for focal lesions of the common iliac artery (CIA), external iliac artery (EIA) **(AUC Score 4)** <sup>1,2,3,4,5</sup>
- B. Primary balloon-expandable placement is appropriate for aorto-iliac bifurcation lesions, focal and diffuse CIA lesions **(AUC Score 8)** <sup>1,2,3,4</sup> and for EIA lesions, moderate to severe calcified lesions, and CTO **(AUC Score 5)** <sup>1,2,3,4,5</sup>
- C. Provisional self-expanding placement is indicated for use in diffuse CIA lesions, EIA lesions **(AUC Score 8)** <sup>1,2,3,4,5</sup> and for aorto-iliac bifurcation lesions, focal CIA lesions, moderate to severe calcified lesions, and CTO **(AUC Score 5)** <sup>1,2,3,4,5</sup>
- D. Stenting with a balloon-expandable covered stent is appropriate for aorto-iliac bifurcation lesions, focal and diffuse CIA lesions, moderate to severe focal and diffuse calcified lesions **(AUC Score 8)** <sup>1,2,3,4</sup>, focal and diffuse EIA lesions, CTO, and ISR **(AUC Score 5)** <sup>1,2,3,4,5</sup>
- E. Stenting with a self-expanding covered stent is appropriate for *diffuse* EIA lesions, moderate to severe calcified lesions, CTO, and ISR. **(AUC Score 5)** <sup>1,2,3,4,5</sup>

**Limitations:**

- A. Endovascular interventions are not appropriate in Aorto-Iliac stenosis less than 50%
- B. Endovascular interventions are not appropriate in Aorto-Iliac stenosis less than 50% with RC1
- C. PTA using drug-coated or other specialty balloons, and atherectomy are not appropriate for treating aorto-iliac disease
- D. PTA alone is not appropriate for treating aorto-iliac disease except in rare cases of focal iliac disease and ISR
- E. 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.
- F. Before proceeding with endovascular iliac intervention for a patient with symptomatic PAD the following must be considered: Predicted or observed lack of adequate response to maximally tolerated GDMT <sup>7,8,9,10,11,12</sup>

## IV. PROCEDURE

- A. To review a request for medical necessity, the following items must be submitted for review:
  1. Progress note that prompted request

2. Angiographic testing pertinent to the request
  3. Non-invasive vascular testing
- B. Primary codes appropriate for this service: 37220, 37221, 37222,37223

## V. APPROVAL AUTHORITY

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

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

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