



# Cardio Policy:

## Peripheral Intra Vascular Arterial and Venous Ultrasound

<b>POLICY NUMBER</b> UM CARDIO_1318	<b>SUBJECT</b> Peripheral Intra Vascular Arterial and Venous Ultrasound	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 10/10/18, 03/13/19, 12/11/19, 06/10/20, 07/13/20, 07/14/21, 11/09/21, 07/13/22	<b>APPROVAL DATE</b> July 13, 2022	<b>EFFECTIVE DATE</b> July 29, 2022	<b>COMMITTEE APPROVAL DATES</b> 10/10/18, 03/13/19, 12/11/19, 06/10/20, 07/13/20, 07/14/21, 11/09/21, 07/13/22
<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 Peripheral (non-coronary) Intra Vascular Arterial and Venous Ultrasound (IVUS).

### II. DEFINITIONS

IVUS is a specially designed catheter with a miniaturized ultrasound probe attached to the distal end of the catheter. IVUS can be used to assess vessel/lumen diameter, lesion length, help determine the amount of plaque buildup in a vessel and its composition and check to ensure stents have been properly placed and fully deployed. It can also help measure the effectiveness of balloon angioplasty or stenting during follow ups. Angiography or Venography is used to guide the IVUS catheter to the area of the vessel to be imaged. It is placed farthest away from the area to be imaged and is then pulled back through the area of stenosis.

Appropriate Use Criteria (AUC score) for a service is one in which the expected incremental information, combined with clinical judgment, exceeds the expected negative consequences by a sufficiently wide margin for a specific indication that the procedure is generally considered acceptable care and a reasonable approach for the indication. 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.

### III. POLICY

**Surgical procedures are reviewed and approved by Physicians and Nurses only. Utilization Management staff (pharmacists, client services coordinators or any other type of lower level medical staff) cannot review or approve surgical procedures within New Century Health.**

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

- A. IVUS is reasonable for assessment of Iliac Vein Compression Syndrome (thrombotic or non-thrombotic) during venography, to determine the severity and extent of stenosis and for possible necessity of venoplasty/stenting procedure. **(AUC Score 6)<sup>1,4,5</sup>**
- B. IVUS is reasonable for guidance of Iliofemoral Venous Interventional procedures to assist in determination of stent sizing and the accurate placement of venous stents after venoplasty. **(AUC Score 6)<sup>1,4,5</sup>**
- C. IVUS is reasonable during peripheral arterial interventional procedures for complicated ilio-femoro-popliteal arterial lesions-TASC II class, longer lesion length, and narrower reference diameter, to aid in decision of treatment strategy including size and length of stent. **(AUC Score 5)<sup>2,3,4</sup>**

**Limitations:**

- A. IVUS is not appropriate for routine evaluation of peripheral artery disease when revascularization is not being contemplated based on angiographic results.
- B. 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. Prior diagnostic peripheral angiogram/venogram
  - 3. Non-invasive vascular/venous testing
- B. Primary codes appropriate for this service: IVUS-37252, 37253.

### V. APPROVAL AUTHORITY

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

### VI. ATTACHMENTS

- A. None

### VII. REFERENCES

- 1. Gagne PJ, et al. Analysis of threshold stenosis by multiplanar venogram and intravascular ultrasound examination for predicting clinical improvement after iliofemoral vein stenting in the VIDIO trial. Journal of Vascular Surgery: Venous and Lymphatic Disorders. Jan 2018. Volume 6, Issue 1, Pages 45-56.

2. Kumakura H, et al. Patency at 15 years favorable for IVUS-guided iliac artery stenting. JACC Cardiovasc Interv. 2015;doi:10.1016/j.jcin.2015.08.020.
3. Lida, O, et al. Efficacy of intravascular ultrasound in femoropopliteal stenting for peripheral artery disease with TASC II class A to C lesions. Journal of endovascular therapy: an official journal of the International Society of Endovascular Specialists. Aug 2014. Volume 24, Issue, Pages 485-92.
4. 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.
5. Peter Neglén, MD, et al. Intravascular ultrasound scan evaluation of the obstructed vein. Journal of Vascular Surgery. April 2002. Volume 35, Issue 4, Pages 694-700.
6. NCQA UM 2022 Standards and Elements.