New Century Health

Cardio Policy:

Venogram Invasive Vein Mapping

POLICY NUMBER UM CARDIO_1319	**SUBJECT** Venogram/Invasive Vein Mapping		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 10/10/18, 03/13/19, 12/11/19, 06/10/20, 07/13/20, 06/09/21, 11/09/21, 03/09/22	**APPROVAL DATE** March 9, 2022	**EFFECTIVE DATE** March 25, 2022	**COMMITTEE APPROVAL DATES** 10/10/18, 03/13/19, 12/11/19, 06/10/20, 07/13/20, 06/09/21, 11/09/21, 03/09/22	
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 Venogram/Invasive Vein mapping.

II. DEFINITIONS

Venogram is an invasive procedure that uses X-rays and a contrast dye to create images of extremity vein(s) for anatomic localization and hemodynamic quantification when non-invasive study like venous duplex is limited.

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.

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. Patient with End Stage Renal Disease on dialysis through central venous catheter requiring this procedure prior to AV Fistula/Graft/Bypass creation to identify the graftable vessels. **(AUC Score 8)**[1,4,5]

B. Patient with failed AV Fistula/Graft requiring this procedure prior to creation of a new AV Fistula/Graft as vein mapping by venous duplex may be inconclusive. **(AUC Score 8)**[1,4,5]

C. Patient with unilateral lower extremity swelling (left more than the right) requiring this procedure to rule out Ilio-Caval obstruction (May-Thurner Syndrome). **(AUC Score 8)**[3,5]

D. Evaluation for venous stenosis or venous hypertension when venous structures are not accessible for duplex study. **(AUC Score 8)**[1,4,5]

E. To assess the patency of Central Venous Catheter when malfunctioning is suspected. **(AUC Score 8)**[1,4,5]

F. In the setting of device (AICD/PPM/CRT-D) leads placements when duplex is inconclusive or not suitable in identifying the access site. **(AUC Score 8)**[2,5]

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 notes from the nephrologist or vascular surgeon that prompted the request (including pertinent labs)
   2. All non-invasive Vascular Studies performed applicable to the request

B. Primary codes appropriate for this service are:
   1. 36005 – Injection procedure for extremity venography (including introduction of needle or intra catheter)
   2. 36010 – Introduction of catheter, superior or inferior vena cava
   3. 36011 – Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)
   4. 36012 - Selective catheter placement, venous system; second order branch (e.g., left adrenal vein, petrosal sinus)
   5. 75820 – Venography, extremity, unilateral, radiological supervision, and interpretation
   6. 75825 – Venography, caval, inferior, with serialography, radiological supervision and interpretation

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Accessed through http://www.kidney.org/professionals/KDOQI/guidelines_ckd/toc.htm
2. Imaging of Deep Venous Thrombosis: A multimodality overview. Douglas S. Katz, MD et.al. Applied radiology. March 2014
3. JACKSON, MD et.al. Left Ventricular Lead Placement for Cardiac Resynchronization Therapy. The Journal of Innovations in Cardiac Rhythm Management, 4 (2013), 1284–1291
4. Imaging of deep venous thrombosis: A multimodality overview. Douglas S. Katz, MD et.al. Applied radiology. March 2014Jackson, MD et.al. Left Ventricular Lead Placement for Cardiac Resynchronization Therapy. The Journal of Innovations in Cardiac Rhythm Management, 4 (2013), 1284–1291
5. Hirth RA, et al. Predictors of type of vascular access in hemodialysis patients. Journal of the American Medical Association. Oct 1996. Volume 30, Issue 16, Pages 1308-8.
6. 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.
7. NCQA UM 2022 Standards and Elements.