



# Cardio Policy: Temporal Artery Biopsy

<b>POLICY NUMBER</b> UM CARDIO_1321	<b>SUBJECT</b> Temporal Artery Biopsy		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 07/26/17, 10/11/17, 08/08/18, 03/13/19, 12/11/19, 06/10/20, 06/14/21, 11/09/21, 07/13/22, 07/18/23	<b>APPROVAL DATE</b> July 18, 2023	<b>EFFECTIVE DATE</b> July 28, 2023	<b>COMMITTEE APPROVAL DATES</b> 07/26/17, 10/11/17, 08/08/18, 03/13/19, 12/11/19, 06/10/20, 06/14/21, 11/09/21, 07/13/22, 07/18/23	
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<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 Temporal Artery biopsy.

## II. DEFINITIONS

Temporal arteritis (TA) is an inflammatory vasculopathy affecting medium- and large-sized arteries, also referred to as giant cell arteritis leading to granulomatous pan arteritis with mononuclear cell infiltrates and giant cell formation within the vessel wall. It predominantly affects the cranial branches of arteries arising from the arch of the aorta mainly the superficial temporal branch of the carotid artery. Mean onset for TA is at age 70 years occurring more commonly in Caucasian people and three time more common in females than in males. Patients usually present with unilateral headaches, visual impairment, scalp pain, tender superficial temporal artery, and elevated sedimentation rate ( $\geq 50\text{mm/h}$ ).

Temporal Artery biopsy is a surgical procedure performed under local anesthesia where at least 1 cm of temporal artery on the symptomatic side is biopsied and looked under microscope for evidence of multinucleated giant cells. Biopsy of bilateral temporal arteries are usually not required. Temporal artery biopsy has very low complication rate. Most commonly encountered complications are scarring, hematoma, wound infection, and skin necrosis.

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. Temporal artery biopsy is indicated in patients with any of these symptoms such as unilateral temporal headaches, visual impairment, tender, reduced pulsations, a cord like feel of temporal artery along with elevated ESR or CRP (inflammatory biomarkers) to rule out Giant Cell Arteritis or Temporal Arteritis. **(AUC Score 8)**<sup>1,2,3</sup>

#### 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 from Vascular Surgeon
- B. Primary code appropriate for this service: 37609

### V. APPROVAL AUTHORITY

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

### VI. ATTACHMENTS

- A. None

### VII. REFERENCES

1. Borchers AT, et al. Giant cell arteritis: a review of classification, pathophysiology, geoeidemiology and treatment. Autoimmunity Reviews. May 2012. Volume 11, Issue 6-7. Pages A544-54.
2. 2016 ACR revised criteria for early diagnosis of Giant Cell (Temporal) Arteritis. Iraj Salehi-Abari (2016 Autoimmune Dis Ther Approaches 2016, 3:1
3. Ness T, et al. The diagnosis and treatment of giant cell arteritis. Deutsches Ärzteblatt international. May 2013. Volume 110, Issue 21, Pages 376-85.
4. NCQA UM 2023 Standards and Elements.