New Century Health

Cardio Policy:

Intra Cardiac Echocardiography (ICE)

POLICY NUMBER UM CARDIO_1358	**SUBJECT** Intra Cardiac Echocardiography (ICE)	**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 06/12/19, 12/11/19, 06/10/20, 06/14/21, 11/09/21, 07/13/22, 07/18/23	**APPROVAL DATE** July 18, 2023	**EFFECTIVE DATE** July 28, 2023	**COMMITTEE APPROVAL DATES** 06/12/19, 12/11/19, 06/10/20, 06/14/21, 11/09/21, 07/13/22, 07/18/23
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee	
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 Intra Cardiac Echocardiography (ICE).

II. DEFINITIONS

Intracardiac echocardiography (ICE) is a unique imaging modality able to provide high-resolution real time visualization of cardiac structures, continuous monitoring of catheter location within the heart, and early recognition of procedural complications, such as pericardial effusion or thrombus formation.

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. ICE is preferred modality to choose the exact site of trans septal puncture, which is important in performing advanced percutaneous mitral valve interventions for mitral regurgitation (MR). **(AUC Score 7)**[1,2]

B. ICE can be used to guide biopsies of masses in the right heart (atria and ventricle) and aorta in selected patients who have chest tubes/bandages, obesity, or chronic lung disease where regular echocardiographic images are difficult to obtain. **(AUC Score 7)**[1,2]

C. ICE can facilitate the immediate assessment of the results of the valvuloplasty, including the transvalvular gradient, valve area, the presence or worsening of valvular lesions, and the detection of complications, such as cardiac perforation, tamponade, or a torn valve. **(AUC Score 7)**[1,2]

D. ICE is the preferred imaging modality during Percutaneous closure of PFO/ASD. **(AUC Score 8)**[1,2]

E. ICE is considered alternative method of imaging for intraprocedural echocardiographic monitoring of trans coronary ablation of septal hypertrophy for Hypertrophic Obstructive Cardiomyopathy. **(AUC Score 6)**[1,2]

F. ICE is recommended for radiofrequency ablation for AF. It is used to guide trans septal catheterization, as well multiple aspects of the procedure, to monitor for complications, and to assess pulmonary vein flow before and after ablation. **(AUC Score 7)**[1,2]

G. ICE can be used to guide cannulation of the coronary sinus ostium during Mitral Valve percutaneous intervention including, placement of the device (Mitra Clip), monitoring for procedural complications, and assessing the degree of MR and trans mitral gradients before and after the procedure. **(AUC Score 7)**[1,2]

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. Cardiologist OR Electrophysiologist note that prompted request

B. Primary code appropriate for this service: 93662

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Silvestry et al. Journal of the American Society of Echocardiography, March 2009. Volume22 Number3 doi:10.1016/j.echo.2008.12.013
2. 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.
3. NCQA UM 2023 Standards and Elements.