



# Cardio Policy:

## Percutaneous Iliocaval Interventions

<b>POLICY NUMBER</b> UM CARDIO_1368	<b>SUBJECT</b> Percutaneous Iliocaval Interventions	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 09/11/19, 12/11/19, 08/12/20, 01/13/21, 11/09/21, 01/12/22	<b>APPROVAL DATE</b> January 12, 2022	<b>EFFECTIVE DATE</b> January 28, 2022	<b>COMMITTEE APPROVAL DATES</b> 09/11/19, 12/11/19, 08/12/20, 01/13/21, 11/09/21, 01/12/22
<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 Percutaneous Iliocaval Intervention.

### II. DEFINITIONS

Chronic venous insufficiency (CVI) as an advanced stage of chronic venous disease is a common problem that occurs in approximately 1–5 % of the adult population. CVI has either a non-thrombotic (primary) or post thrombotic (secondary) cause involving reflux, obstruction, or a combination of both. The role of venous obstruction is increasingly recognized as a major cause of CVI, with obstructive lesions in the iliocaval segment being markedly more relevant than lesions at the levels of the crural and femoral veins.

Approximately 70–80 % of iliac veins develop a variable degree of obstruction following an episode of acute deep venous thrombosis. Non-thrombotic iliac vein obstruction also known as May-Thurner or Cockett's syndrome is the most common cause of non-thrombotic iliac vein occlusion where left common iliac vein is being compressed by the overlying right common iliac artery. Such lesions are present in approximately 60 % of the asymptomatic general population but are found in more than 90 % of symptomatic patients.

Percutaneous Iliocaval Intervention is an invasive procedure when an occluded vein is opened by introduction of stent at the occluded site under fluoroscopy or Intra vascular ultrasound guidance.

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 determining medical necessity are:

- A. Stenting of the iliac veins should be considered in the presence of non-thrombotic obstructive venous lesions in the ilio caval segment with > 30 % stenosis on Venogram. **(AUC Score 7)<sup>1,2,3,4,5</sup>**
- B. Iliocaval stenting should be considered as an adjunct to interventional or surgical management of ilio caval thrombosis. **(AUC Score 7)<sup>1,2,3,4,5</sup>**
- C. Iliocaval in-stent restenosis should be treated by stenting **(AUC Score 7)<sup>1,2,3,4,5</sup>** but may be treated with venous angioplasty. **(AUC Score 6)<sup>1,2,3,4,5</sup>**

#### Limitations:

- A. Uncorrectable coagulopathy and local or systemic infection are absolute contraindications for ilio caval stenting.
- B. Venous Angioplasty is not an effective treatment for Iliocaval obstruction (no prior intervention) due to high recurrence rate.
- C. 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 Vascular Surgeon's note that prompted request
  - 2. Recent venogram report
- B. Primary codes appropriate for this service: 37238 - Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein  
37239 - Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein; add on code

### V. APPROVAL AUTHORITY

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

### VI. ATTACHMENTS

A. None

## VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Florida. Local Coverage Determination (LCD) (L38231). Endovenous Stenting. Retrieved from <https://www.cms.gov> January 5<sup>th</sup>, 2021.
2. Heungman Jun. Endovenous Intervention of May-Thurner Syndrome with Thrombus beyond Iliac Vein Stenosis. Vasc Specialist Int 2019;35(2):90-94
3. A. H. Mahnken et al. CIRSE Standards of Practice Guidelines on Iliocaval Stenting. Cardiovasc Interv Radiol (2014) 37:889–897.
4. Knuttinen et al. May-Thurner: diagnosis and treatment. Cardiovasc Diagn Ther 2017;7(Suppl 3):S159-S164
5. Hendel RC, 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.
6. NCQA UM 2022 Standards and Elements.