



Cardio Policy:

Thoracentesis and Pleurodesis

POLICY NUMBER UM CARDIO_1370	SUBJECT Thoracentesis and Pleurodesis	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 09/11/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	APPROVAL DATE September 14, 2022	EFFECTIVE DATE September 30, 2022	COMMITTEE APPROVAL DATES 09/11/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22
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 Thoracentesis.

II. DEFINITIONS

Thoracentesis is a procedure that is done to remove a sample of fluid from around the lung. The lung is covered with a tissue called the pleura. The inside of the chest is also lined with pleura. The space between these two areas is called the pleural space.

The needle or tube is inserted through the skin, between the ribs and into the chest. This procedure may be done to remove fluid for testing or for treatment. The needle or tube is removed when the procedure is completed. If a person needs more fluid drained, sometimes the tube is left in place for a longer time.

Pleurodesis involves the administration of a drug or material in the pleural space to cause adhesions between the parietal and visceral pleura, and prevention of fluid re-accumulation. Talc is the most widely used pleurodesis agent and shown to be most effective pleurodesis agent. There are two delivery methods: talc poudrage (also known as insufflation), which is conducted during either surgical or medical thoracoscopy, when talc is blown in as a dry powder; or talc slurry, when talc mixed with sterile fluid is injected through a chest tube at the bedside.

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 as follows:

- A. Thoracentesis is indicated for any undiagnosed pleural effusion. Repeat procedure may be required to establish a diagnosis when initial studies fail to do so. **(AUC Score 8)^{1,2,3}**
- B. Thoracentesis can be performed for therapeutic relief of symptoms due to large pleural effusions. **(AUC Score 8)^{1,2,3}**
- C. Repeated Thoracentesis may be required for pleural effusions that reaccumulate e.g. malignancy, heart failure. **(AUC Score 8)^{1,2,3}**
- D. Chemical Pleurodesis by talc is recommended in patients with recurrent large pleural effusions to improve their symptoms related to pleural effusions. **(AUC Score 8)^{1,2,3}**

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
- B. Primary codes appropriate for this service:
 - 1. 32550: Tube Thoracostomy, includes connection to drainage system (e.g., water seal), when performed, open (separate procedure)
 - 2. 32552: Removal of indwelling tunneled pleural catheter with cuff
 - 3. 32554: Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
 - 4. 32555: Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
 - 5. 32556: Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
 - 6. 32557: Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
 - 7. 32560: Instillation, via chest tube/catheter, agent for pleurodesis (e.g., talc for recurrent or persistent pneumothorax)

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department

- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Management of Malignant Pleural Effusions. An Official ATS/STS/STR Clinical Practice Guideline. Am J Respir Crit Care Med Vol 198, Iss 7, pp 839–849, Oct 1, 2018
2. Havelock T, Teoh R, Laws D, et al. Pleural procedures and thoracic ultrasound: British Thoracic Society Pleural Disease Guideline 2010. Thorax 2010; 65 Suppl 2:ii61.
3. 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.
4. NCQA UM 2022 Standards and Elements.