



Cardio Policy: Ultrasound-Guided Vascular Access

POLICY NUMBER UM CARDIO_1453	SUBJECT Ultrasound-Guided Vascular Access	DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 12/08/21, 12/14/22, 10/18/23	APPROVAL DATE October 18, 2023	EFFECTIVE DATE October 27, 2023	COMMITTEE APPROVAL DATES 12/08/21, 12/14/22, 10/18/23
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 ultrasound-guided vascular access.

II. DEFINITIONS

Attaining precise access to the intravascular space connotes the commencement of all invasive procedures involving the circulation, and failure to do so adeptly may have adverse consequences for the entire procedure. Assistance may be achieved by using an ultrasound-tipped needle that can locate the target blood vessel and allow it to be precisely cannulated to mitigate risks for the remainder of the procedure. At present, the use of ultrasound guidance is recommended for all intravascular procedures to increase safety, improve first-time success, reduce total procedure time, and reduce the overall risk of complications.

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. Attaining intravascular access:

1. The use of ultrasound-guided vascular access is recommended for procedures necessitating cannulation of any central or peripheral artery or vein as part of a diagnostic or interventional procedure. **(AUC Score 8)**^{1,2}

Limitations:

- A. For reimbursement, a digital photographic image of the accessed vessel, including the needle and wire (Seldinger technique) must be obtained for archiving.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 1. Progress notes documenting the intent to perform a procedure necessitating access of the intravascular space and the medical necessity thereof.
- B. Primary code appropriate for this service: 76937 – access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting.

V. APPROVAL AUTHORITY

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

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Massimo Lamperti, et al. European Society of Anaesthesiology guidelines on peri-operative use of ultrasound-guided for vascular access (PERSEUS vascular access). Eur J Anaesthesiol. 2020 May;37(5):344-376. doi: 10.1097/EJA.0000000000001180.
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.