



# Cardio Policy:

## Ultrasound-Guided Vascular Access

<b>POLICY NUMBER</b> UM CARDIO_1453	<b>SUBJECT</b> Ultrasound-Guided Vascular Access	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 12/08/21	<b>APPROVAL DATE</b> December 8, 2021	<b>EFFECTIVE DATE</b> December 31, 2021	<b>COMMITTEE APPROVAL DATES</b> 12/08/21
<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 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)<sup>1,2</sup>**

**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

### 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 2022 Standards and Elements.