



Cardio Policy:

Vascular Embolization or Occlusion

POLICY NUMBER UM CARDIO_1456	SUBJECT Vascular Embolization or Occlusion	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 01/12/22	APPROVAL DATE January 12, 2022	EFFECTIVE DATE January 28, 2022	COMMITTEE APPROVAL DATES 01/12/22
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 Vascular Embolization or Occlusion.

II. DEFINITIONS

Embolization or Embolotherapy is defined as the "therapeutic introduction of various substances into the circulation to occlude vessels, either to arrest or prevent hemorrhaging; to devitalize a structure, tumor, or organ by occluding its blood supply; or to reduce blood flow to an arteriovenous malformation.

Embolization may have 3 therapeutic goals:

- An adjunctive goal (e.g., preoperative, adjunct to chemotherapy or radiation therapy)
- A curative goal (e.g., definitive treatment such as that performed in cases of aneurysms, pseudoaneurysms, arteriovenous fistulae [AVFs], arteriovenous malformations [AVMs], and traumatic bleeding)
- A palliative goal (e.g., relieving symptoms, such as those of a large AVM, which cannot be cured by using Embolotherapy alone)

Medical conditions treated by using Embolotherapy can be grouped as follows:

- Vascular anomalies (e.g., AVM, AVF, venous malformation [VM], lymphatic malformation [LM], and hemangioma)

- B. Hemorrhage (e.g., pseudoaneurysms and GI tract, pelvic, posttraumatic, epistaxis, and hemoptysis bleeding)
- C. Other conditions (e.g., tumors, varicoceles, and organ ablation)

Materials used in embolization include coils, ethanol, sodium tetradecyl sulfate, cyanoacrylate, polyvinyl alcohol (PVA), microspheres, and gelatin sponge (Gel foam) etc.

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. Vascular anomalies (e.g., AVM, AVF, venous malformation [VM], lymphatic malformation [LM], and hemangioma). **(AUC Score 7)¹⁻¹⁰**
- B. Hemorrhage (e.g., pseudoaneurysms and GI tract, pelvic, posttraumatic, epistaxis, and hemoptysis bleeding). **(AUC Score 7)¹⁻¹⁰**
- C. Other conditions (e.g., tumors, varicoceles, and organ ablation) to create organ ischemia/infarction. **(AUC Score 7)¹⁻¹⁰**

IV. PROCEDURE

- A. To review a request for medical necessity, the following items must be submitted for review:
 - 1. Provider notes that indicate the medical necessity for the service.
 - 2. Non-Invasive vascular duplex/CTA/MRA and recent angiogram report(s)
- B. Primary codes appropriate for this service: 37241, 37242, 37243

V. APPROVAL AUTHORITY

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

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- 1. Starke RM, Komotar RJ, Otten ML, Hahn DK, Fischer LE, Hwang BY, et al. Adjuvant embolization with N-butyl cyanoacrylate in the treatment of cerebral arteriovenous malformations: outcomes, complications, and predictors of neurologic deficits. Stroke. 2009 Aug. 40(8):2783-90

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