

# Cardio Policy:

## Vessel Mapping for Hemodialysis Access or CABG/PAD Surgery

<b>POLICY NUMBER</b> UM CARDIO_1083	<b>SUBJECT</b> Vessel Mapping for Hemodialysis Access or CABG/PAD Surgery		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 04/01/11, 11/07/12, 08/22/13, 06/28/14, 02/19/15, 05/05/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 05/12/21, 08/11/21, 11/10/21, 11/09/22, 01/11/23, 05/10/23, 12/20/23	<b>APPROVAL DATE</b> December 20, 2023	<b>EFFECTIVE DATE</b> December 22, 2023	<b>COMMITTEE APPROVAL DATES</b> 04/01/11, 11/07/12, 08/22/13, 06/28/14, 02/19/15, 05/05/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 05/12/21, 08/11/21, 11/10/21, 11/09/22, 01/11/23, 05/10/23, 12/20/23	
<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 vessel mapping for hemodialysis access or CABG surgery.

### II. DEFINITIONS

This study consists of the use of Duplex ultrasound to evaluate arterial inflow, venous outflow, and the adequacy of the venous system to support an autogenous access in the extremity.

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. Anticipated creation of hemodialysis access using autogenous conduit. **(AUC Score 7)**<sup>1,2,3,4,5</sup>
- B. Anticipated use of upper or lower extremity veins for CABG and PAD surgery. **(AUC Score 7)**<sup>1,2,3,4,5</sup>

#### **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. To review a request for medical necessity, the following items must be submitted for review:
  - 1. Progress notes from Vascular Surgeon/Nephrologist requesting hemodialysis access creation/Cardiac surgeon.
- B. Primary codes appropriate for this service:
  - 93985 - Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study.
  - 93986 - Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study.
  - Vessel mapping for CABG/PAD graft:
    - 93970 (bilateral extremities) or 93971 (unilateral extremity).

### **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) (L33693). Non-Invasive Evaluation of Extremity Veins. Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
2. Centers for Medicare and Medicaid Services. Michigan Local Coverage Determination (LCD) (L35751). Non-Invasive Evaluation of Extremity Veins. Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
3. Centers for Medicare and Medicaid Services. Illinois Local Coverage Determination (LCD) (L33627). Non-Invasive Evaluation of Extremity Veins. Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
4. American College of Radiology Practice Guidelines. ACR Practice guidelines for the performance of peripheral venous ultrasound examination. Revised 2019 (Resolution 29)
5. 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.

6. NCQA UM 2023 Standards and Elements.