Cardio Policy:

Renal Angiography

POLICY NUMBER UM CARDIO_1293	SUBJECT Renal Angiography		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 05/24/16, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 05/08/19, 12/11/19, 06/10/20, 06/09/21, 10/13/21, 11/09/21, 12/08/21, 12/14/22, 10/18/23, 12/20/23	**APPROVAL DATE** December 20, 2023	**EFFECTIVE DATE** December 22, 2023	**COMMITTEE APPROVAL DATES** 05/24/16, 12/21/16, 10/11/17, 11/14/18, 03/13/19, 05/08/19, 12/11/19, 06/10/20, 06/09/21, 10/13/21, 11/09/21, 12/08/21, 12/14/22, 10/18/23, 12/20/2023	
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 Renal Angiography.

II. DEFINITIONS

Renal angiography is X-ray study of blood vessels to the kidney. X-rays are taken while contrast dye is injected into a catheter (a tiny tube) that has been placed into the blood vessels of the kidneys to detect any signs of blockage, narrowing, or other abnormalities affecting the blood supply to the kidneys.

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:

Renal angiogram can be performed if:

A. Uncontrolled arterial hypertension despite being on maximal (greater than or equal to 3) tolerated medical therapy including diuretic with evidence of renal artery stenosis on non-invasive imaging study. **(AUC Score 8)**[1,2,3,4]

B. Accelerated, resistant, malignant hypertension or onset of hypertension at less than 30 years of age or severe hypertension at greater than 55 years of age with evidence of renal artery stenosis on non-invasive imaging studies. **(AUC Score 8)**[1,2,3,4]

C. Unexplained atrophic kidney or size discrepancy greater than 1.5 cm between kidneys with high index of suspicion of renal artery stenosis on non-invasive imaging. **(AUC Score 8)**[1,2,3,4]

D. Sudden, unexplained pulmonary edema or congestive heart failure with high degree of suspicion of renal artery stenosis on non-invasive imaging studies. **(AUC Score 8)**[1,2,3,4]

E. Unexplained renal dysfunction, including individuals starting renal replacement therapy with high degree of suspicion of renal artery stenosis on non-invasive imaging studies. **(AUC Score 8)**[1,2,3,4]

F. New azotemia or worsening renal function after administration of an ACE inhibitor or ARB with high degree of suspicion of renal artery stenosis on non-invasive imaging studies. **(AUC Score 8)**[1,2,3,4]

G. Evidence of unilateral or bilateral Renal Artery stenosis in asymptomatic patient (greater than or equal to 50%) on routine non-invasive imaging studies. **(AUC Score 8)**[1,2,3,4]

H. For the assessment of primary vascular abnormalities e.g., aneurysms and other vascular malformations, vasculitis, and renal neoplasms that have been identified on non-invasive imaging. **(AUC Score 8)**[1,2,3,4]

I. Pre- and postoperative evaluations for renal transplantations **(AUC Score 8)**[1,2,3,4]

J. Prior to interventional procedures on the renal arteries **(AUC Score 8)**[1,2,3,4]

K. Renal angiography, non-selective, performed at time of cardiac catheterization will be considered medically reasonable and necessary when the clinical index of suspicion for atherosclerotic renal artery stenosis (RAS) is high, as defined by the criteria listed below, AND there are reasonable anticipated therapeutic implications for which the results of this angiogram will be used AND when the results of noninvasive imaging studies cannot be obtained or are inconclusive for individuals falling into scenarios A through G above **(AUC Score 8)**[1,2,3,4]

Limitations:

A. Renal artery angiogram is considered inappropriate if there is:
   1. Unilateral, solitary, or bilateral RAS with controlled Blood Pressure and normal renal function.
   2. Unilateral, solitary, or bilateral RAS with kidney size less than 7 cm in pole-pole length on renal duplex.
   3. Unilateral, solitary, or bilateral RAS with chronic end stage renal disease on hemodialysis greater than 3 months.
   4. Unilateral, solitary, or bilateral renal artery chronic total occlusion.

B. Guideline-directed medical therapy must be documented as having been tried and failed in terms of determining the medical necessity for renal artery angiography.

C. 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. Cardiologist note that prompted request with list of medications
2. Renal Artery Duplex and/or Retroperitoneal duplex/MRA Renal/CTA Renal reports
3. Labs-Renal Function test

B. Primary codes appropriate for this service are: Renal Angiogram (Unilateral) 36251,75726 (Bilateral) 36252, 75726.

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. Local Coverage Determination (LCD)(L36767). Aortography and peripheral angiography. Retrieved from https://www.cms.gov [December 19, 2023].
2. Klein, Andrew, et al. SCAI appropriate use criteria for peripheral arterial interventions: An update. May 2017. Oct 2017. Volume 90, Issue 4, Pages E90-E110.
3. Anderson, JL, et al. Management of Patients with Peripheral Artery Disease (Compilation of 2005 and 2011 ACCF/AHA Guideline Recommendations) A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines Developed in Collaboration with the Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society for Vascular Medicine, and Society for Vascular Surgery. JACC Vol. 61, No. 14, 2013 pp 1555-1570
4. 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.
5. NCQA UM 2023 Standards and Elements.