

## Intra-Arterial/Intravenous Therapeutic Procedures

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Vascular surgery involves a traditional surgical approach and a minimally invasive catheter based endovascular approach. These endovascular procedures insert catheters into small incisions in the groin or arms and are guided through the blood vessels. Endovascular procedures typically have a quicker recovery time and individuals are able to leave the hospital sooner than the traditional open surgical route.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

### POLICY POSITION

1. Prior authorization is not required.
2. ANY of the following intra-arterial/intravenous therapeutic procedures may be considered medically necessary:
  - Transcatheter thrombolytic therapy; or
  - Transcatheter placement of intravascular stents.

Intra-arterial/intravenous therapeutic procedures not meeting the criteria as indicated in this policy is considered not medically necessary.

Arterial percutaneous transluminal angioplasty (PTA) may be considered medically necessary in the treatment ANY of the following obstructions:

- Aorta; or
- Brachiocephalic arteries; or
- Renal/visceral arteries.

Arterial PTA not meeting the criteria as indicated in this policy is considered not medically necessary.

Pulmonary PTA may be considered medically necessary for the treatment of obstructions in the pulmonary arteries.

Pulmonary PTA not meeting the criteria as indicated in this policy is considered not medically necessary.

Venous PTA may be considered medically necessary for the treatment of ANY of the following conditions:

- On renal individuals who have peripheral arterial/venous fistulas for dialysis; or
- When performed on renal individuals who have a centrally placed catheter, i.e., subclavian, jugular, or femoral for dialysis; or
- When performed for superior vena cava obstruction from benign and malignant diseases; or
- For central vein stenosis in association with indwelling intravascular devices used for long-term venous access such as central catheters or peripherally inserted central catheters (PICC); or
- For iliac compression syndrome (for example, May-Thurner Syndrome).

Venous angioplasty when used to remove deep vein thrombosis (DVT) is not considered medically necessary.

Venous PTA not meeting the criteria as indicated in this policy is considered not medically necessary.

## **NONCOVERED SERVICES**

Laser angioplasty for noncoronary vessels is considered experimental/investigational and therefore noncovered, because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Experimental/investigational (E/I) services are not covered regardless of place of service.

An intra-arterial/intravenous therapeutic procedure is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## **ELIGIBLE PROCEDURE CODES**

<b>Code</b>	<b>Description</b>
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava,

	fluoroscopic guidance, radiological supervision and interpretation and image documentation and report.
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological.
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging.
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s).
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty.
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting and all angioplasty within the peripheral dialysis circuit.
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure).
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure).
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure).
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, intracranial, any method, including radiological supervision and interpretation initial treatment day.
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation initial treatment day.
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change or exchange when performed.

37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change or exchange when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method.
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(ies) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery.
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(ies) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery ( list separately in addition to code for primary procedure).
37238	Transcatheter placement of an intravascular stent(s) open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein.
37239	Transcatheter placement of an intravascular stent(s) open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed each additional vein (list separately in addition to code for primary procedure).
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit) open or percutaneous including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery.
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit) open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure).
37248	Transluminal balloon angioplasty (except dialysis circuit) open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein.
37249	Transluminal balloon angioplasty (except dialysis circuit) open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure).
37799	Unlisted procedure, vascular surgery.
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel.
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (list separately in addition to code for primary procedure).

**ELIGIBLE DIAGNOSIS CODES FOR PROCEDURES CODES 37246, 37247, 37248 AND 37249**

Codes						
I12.0	I13.11	I13.2	I87.1	N17.0	N17.1	N17.2
N17.8	N17.9	N18.1	N18.2	N18.4	N18.5	N18.6
N18.9	N18.30	N18.31	N18.32	N19	T82.49XD	T82.818A
T82.828A	T82.848A	T82.858A	T82.858D	T82.868A	T82.898A	T82898D

T82.898S	T82.9XXA					
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**POLICY UPDATE HISTORY**

07/27/2022	Approved in Medical Policy Committee
08/2022	Approved in QI/UM