SVS | Society for Vascular Surgery

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November 12, 2019

John J. Arlotta
President, eviCore healthcare
Evicore Healthcare
400 Buckwalter Place Boulevard
Bluffton, SC 29910
Sent via fax: (866) 699-8128

Re: Peripheral Vascular Disease Imaging Guidelines

Dear Mr. Arlotta:

The Society of Vascular Surgery (SVS) has reviewed the surveillance protocols as documented in the health plans, which are referencing Evicore Healthcare PVD Imaging Policy (Version 1.0.2019, effective 2/15/2019). We are very concerned about the requirement of a face-to-face encounter within 60 days and the restrictions limiting surveillance imaging. These limitations do not include many of the critical clinical situations for which surveillance imaging is needed and often diagnostic in the complex vascular patient. We feel that our patient population will be grossly underserved with these guidelines.

In reviewing your PVD Imaging Policy, the inclusion of surveillance for pre and post procedural carotid interventions, endovascular and open aortic repair, visceral and peripheral aneurysms as well as lower extremity interventions is appropriate. We agree that noninvasive imaging for these complex pathologies before and after repair are critical for optimal patient outcomes. However, the guidelines are not comprehensive and fail to include coverage of several major vascular pathologies which concurrently impact our patients. These areas include thoracic aneurysm, mesenteric, renal, aorto-iliac disease and lower extremity reconstructions treated either with endovascular or open techniques.

These policy omissions are in direct contrast to the national standards recommended by the Society for Vascular Surgery recently published in 2018 (Journal of Vascular Surgery. 2018;68(1)256-84). Our leaders and expert researchers have compiled a comprehensive imaging and management protocol, which serves as the national standard for optimal vascular care. The restrictive polices by Evicore are contrary to some of the basic recommendations outlined in this white paper.

The Society of Vascular Surgery feels that the imaging protocols outlined below should be covered in the Evicore Healthcare policy and include the following:

- TEVAR for aneurysm or blunt thoracic injury
    - CT scan at 1 month, 12 months with 6 month scan if there is an abnormality on the one month scan; annual thereafter.
- TEVAR for dissection
    - CT scan at 1 month, 6 months, 12 months, and annual thereafter.
- Mesenteric artery angioplasty/stenting
    - Duplex ultrasound within 1 month, 6 months, 12 months, and annual thereafter.
    - Contrast imaging if celiac artery peak systolic velocity (PSV) > 370 cm/s or a substantial increase from post-procedure baseline
    - Contrast imaging if superior mesenteric artery PSV > 420 cm/s or a substantial increase from post-procedure baseline
    - Contrast imaging if inferior mesenteric artery has a substantial increase from post-procedure baseline
    - Contrast imaging if patient is experiencing symptoms
- Mesenteric artery bypass
    - Duplex ultrasound within 1 month, 6 months, 12 months, and annual thereafter.
- Renal artery stenting
    - Duplex ultrasound within 1 month, 6 months, 12 months, and annual thereafter.
    - Contrast imaging if kidney length decreases by more than 1 cm, renal to aortic ratio of > 4.5, PSV > 380cm/s or a substantial increase in PSV from the post-treatment baseline
- Aortobifemoral bypass, femoral-femoral bypass, axillobifemoral bypass
    - Ankle-brachial index (ABI) with or without an aorto-iliac duplex in the early post-operative period and then at 6 months, 12 months, and annually thereafter
- Aorto-iliac angioplasty/stenting
    - ABI and duplex ultrasound within 1 month, 6months, 12 months, and annually.
- Infrainguinal bypass with prosthetic graft
    - ABI and duplex ultrasound in the early post-operative period, 6 months, 12 months, and then annually.

The Society for Vascular Surgery hopes that Evicore Health care will review our publication and the numerous references listed in support of expanding coverage for imaging of critical vascular beds currently omitted from the current policy. We feel inclusion of these tests will assist us in providing fundamental and optimal health care for our complex vascular patients.

Sincerely,

Matthew Sideman, MD - Chair, SVS Coding Committee
Sunita Srivastava, MD - Vice Chair, SVS Coding Committee
Ravi Hasanadka, MD- Member, SVS Coding Committee