SVS | Society for Vascular Surgery

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November 12, 2019

Derek J. Robinson, MD, MBA
Vice President and Chief Medical Officer
Blue Cross and Blue Shield of Illinois (BCBSIL)
300 E Randolph Street
Chicago, IL 60601

Re: Evicore Healthcare Peripheral Vascular Disease Imaging Guidelines

Dear Dr. Robinson:

The Society for Vascular Surgery has reviewed the Evicore Healthcare PVD Imaging Policy (Version 1.0.2019, effective 2/15/2019) and we are concerned about the clinical requirements mandated prior to surveillance imaging for our vascular patients. We have been alerted by our membership of this policy and the barriers to effective health care delivery. The blanket requirement of a history and physical within 60 days of imaging is time consuming, costly and inefficient both for the patient and the office.

There are 2 exceptions to this policy. One is based on the incomplete and outdated surveillance guidelines recommended by Evicore, which does not comply with the SVS published guidelines referenced below. The second is "meaningful contact" via telephone call, electronic mail, or messaging by an established patient. We feel that that this creates unnecessary burden on the administrative and clinical staff to contact each patient prior to an imaging appointment which is temporally scheduled based on established national guidelines of vascular care. Denials of coverage based on the lack of a 60 day face to face encounter is inefficient and counterproductive to quality health care delivery.

We also wish to express our concern with the omission of coverage in several critical vascular systems. The Evicore policy includes the surveillance for pre and post procedural carotid interventions, endovascular and open aortic repair, visceral and peripheral aneurysms as well as lower extremity interventions. 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 SVS appreciates the opportunity to work with Blue Cross Community Health Plans and Evicore Healthcare to provide essential health care to critically ill vascular patients. -We request that our concerns outlined above regarding patient contact prior to imaging and inclusion of essential additional vascular pathologies for imaging be considered by both parties as we seek to provide fundamental care and access for this complex patient population.

Sincerely,

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