Interventional Radiology

1. MCG Criteria Used

Clinical Criteria: MCG Care Guidelines, 30th Edition

- Uterine Artery Embolization (MCG ORG: A-0287 AC, 30th Edition) *Note: This category currently includes the uterine artery embolization guideline. Additional interventional radiology guidelines, including image-guided biopsy and percutaneous angioplasty, are to be incorporated as the corresponding MCG source guidelines are obtained.*

Applicable CPT / HCPCS Codes:

CPT / HCPCS Code	Description
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction
37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation
75894	Transcatheter therapy, embolization, radiologic supervision and interpretation
75898	Angiography through existing catheter for follow-up study after transcatheter therapy
36245-36248	Selective catheter placement, arterial system, abdominal, pelvic, or lower extremity

2. Statement of Rationale

Akido Labs uses the criteria in MCG Care Guidelines (30th Edition) to supplement the general Medicare criteria regarding interventional radiology procedures, beginning with uterine artery embolization, where Medicare coverage criteria are not fully established or require additional clinical specificity. MCG criteria are used to ensure consistency in reviewing the conditions to be met for coverage of interventional radiology procedures and to determine when such services are medically necessary. Uterine artery embolization is a minimally invasive, uterus-sparing alternative to hysterectomy or myomectomy for symptomatic uterine fibroids and a treatment for uterine hemorrhage. In the eligible population it carries procedural risks including post-embolization syndrome, nontarget embolization, infection, and, relevant to fertility, effects on ovarian reserve. Absent consistent, evidence-based criteria, there is material risk of both inappropriate denial of a medically necessary uterus-sparing procedure and inappropriate approval where the indication is not met or where an alternative is more appropriate.

Potential Clinical Harms:

Uterine Artery Embolization: Inappropriate denial of uterine artery embolization in a patient with symptomatic fibroids who is an appropriate candidate, or in a patient with uterine hemorrhage requiring embolization, could deny a uterus-sparing treatment and force a more invasive surgical alternative or leave hemorrhage inadequately controlled. Conversely, inappropriate approval of embolization where the diagnosis is not confirmed, where malignancy has not been excluded, or

where the clinical circumstances favor an alternative exposes the patient to procedural risk, including post-embolization syndrome and nontarget embolization, without offsetting benefit.

Clinical Benefits:

Uterine Artery Embolization: MCG criteria define the indications for uterine artery embolization, including symptomatic uterine fibroids with confirmed diagnosis and the control of uterine hemorrhage, and incorporate the appropriate diagnostic workup, including exclusion of malignancy where indicated. By tying the procedure to a confirmed indication and appropriate workup, these criteria directly mitigate both the harm of denying a uterus-sparing treatment to an appropriate candidate and the harm of exposing an inappropriate candidate to procedural risk, as identified above. The clinical benefits of using MCG Care Guidelines are highly likely to outweigh any clinical harms, including delayed or decreased access to services, because the criteria incorporate indication thresholds drawn from specialty society guidance and are unlikely to lead to inappropriate denials.

3. Explanation of Supplementation

Basis for Use: Original Medicare clinical criteria are not fully established and require supplementation to ensure consistent medical necessity determinations for interventional radiology procedures. While Medicare statutes establish the general 'reasonable and necessary' standard, they do not specify the clinical indications and thresholds (e.g., the confirmed diagnosis, symptom criteria, and diagnostic workup required for uterine artery embolization) needed to distinguish indicated from nonindicated procedures.

Applicable Medicare References: Social Security Act Section 1862(a)(1): 'Reasonable and necessary' standard Medicare Benefit Policy Manual, Chapter 6: Hospital Services Covered Under Part B (CMS IOM Publication 100-02) Medicare Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services (CMS IOM Publication 100-02) Medicare Program Integrity Manual, Chapter 6, Section 6.5 (CMS IOM Publication 100-08) Code of Federal Regulations: 42 CFR 410.32; 42 CFR 419.22; 42 CFR 422.101 Medicare Coverage Database: https://www.cms.gov/medicare-coverage-database/search.aspx For interventional radiology procedures, no specific NCD or LCD fully establishes clinical indication thresholds; Original Medicare criteria are not fully established, requiring supplementation. Within the above statutes and regulations, MCG criteria assist in determining the appropriateness of uterine artery embolization based on confirmed diagnosis, symptom criteria, and appropriate diagnostic workup. Use of these criteria helps ensure interventional radiology procedures are not incorrectly denied when medically appropriate, nor incorrectly approved when not reasonable and necessary, and may decrease inappropriate denials by creating a consistent set of evidence-based review criteria.

4. Summary of Clinical Evidence

Note: The following evidence summary is derived directly from MCG Care Guidelines, 30th Edition (guideline A-0287). The reference list below is drawn from that MCG guideline.

Background

Uterine Artery Embolization (MCG ORG: A-0287 AC) Uterine artery embolization injects particles via the uterine arteries to block blood supply in order to stop uterine hemorrhage or to

shrink uterine leiomyomas (fibroids). It is performed by an interventional radiologist as a minimally invasive, uterus-sparing alternative to surgical management. Appropriate use requires a confirmed diagnosis and, for fibroid treatment, an appropriate diagnostic evaluation including exclusion of malignancy where clinically indicated.

Evidence Summary

Uterine Artery Embolization (MCG ORG: A-0287 AC) This guideline (30th Edition) is supported by peer-reviewed articles and specialty society guidance establishing the indications for uterine artery embolization for symptomatic fibroids and uterine hemorrhage, the comparative role of embolization relative to surgical alternatives, and the procedure-associated risks that inform appropriate patient selection.

Rationale (from MCG) Use of this MCG care guideline helps the clinician identify patient-specific clinical factors that establish the medical necessity of uterine artery embolization. The evidence-based clinical criteria ensure patients receive the most appropriate care for their specific condition, reduce unnecessary risks, and provide a standard that can reduce disparities in care. These guidelines supplement but do not replace, modify, or supersede existing Medicare regulations or applicable NCDs or LCDs.

Related CMS Coverage Guidance (as cited in MCG 30th Edition): Code of Federal Regulations (CFR): 42 CFR 410.32; 42 CFR 419.22; 42 CFR 422.101; CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapters 6 and 15; CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5; Medicare Coverage Database: https://www.cms.gov/medicare-coverage-database/search.aspx

References with Citation Summary -- Uterine Artery Embolization (MCG ORG: A-0287 AC, 30th Edition)

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5. Public Accessibility

Transparency Tool URL: https://akido.access.mcg.com/index

Coverage Summaries URL: https://www.myfamilymg.com/medical-necessity-supplementation-criteria/documents

Navigation Instructions: To access these coverage summaries, navigate to the UM Criteria page, scroll to the bottom of the page, and click the Medical Necessity Supplementation Criteria link. All summaries are organized alphabetically by category.