

Oregon Health Plan Prioritized List changes

Inferior vena cava (IVC) filters for prevention of pulmonary emboli (PE)

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on March 12, 2015, based on the approved coverage guidance, “Inferior vena cava filters for prevention of pulmonary emboli.” The changes will take effect for the Oregon Health Plan on October 1, 2015.

Coding changes to the prioritized list:

- 1) Add CPT 37191-37193 (Insertion, repositioning and removal of IVC filter) to lines 1 PREGNANCY, 217 ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI, and 285 BUDD-CHIARI SYNDROME AND OTHER VENOUS EMBOLISM AND THROMBOSIS
- 2) Adopt a new guideline of IVC filters for PE/DVT (deep vein thrombosis) as shown below
- 3) Adopt a new ancillary guideline for IVC filters for trauma/prolonged hospitalization as shown below
 - a. There are multiple lines with conditions they may represent severe trauma and require prolonged hospitalization. IVC filter CPT codes would not be practical on all of these lines.

New guideline notes:

GUIDELINE NOTE XXX, IVC FILTERS FOR ACTIVE PE/DVT

Lines 1, 83, 217, 285, 290

Inferior vena cava (IVC) filter placement (CPT 37191) is included on these lines for patients with active deep vein thrombosis/pulmonary embolism (DVT/PE) for which anticoagulation is contraindicated. IVC filter placement is not included on these lines for patients with DVT who are candidates for anticoagulation.

Retrieval of removable IVC filters (CPT 37193) is included on these lines when the benefits of removal outweigh the harms.

ANCILLARY GUIDELINE AXX, IVC FILTERS FOR TRAUMA

It is the intent of the Commission that inferior vena cava (IVC) filter placement (CPT 37191) and subsequent repositioning and removal (CPT 37192, 37193) are covered when medically indicated for hospitalized patients with severe trauma resulting in prolonged hospitalization.