

## Lower leg stents to require prior authorization

**Summary of change:** Effective January 1, 2018, Amerigroup Community Care will require prior authorization of the use of peripheral vascular angioplasty with stenting for the treatment of occlusive peripheral arterial disease of the lower extremities, CPT codes 37220-37235.

### What is the impact of this change?

The use of peripheral vascular angioplasty with stenting for the treatment of occlusive peripheral arterial disease of the lower extremities is medically necessary for persons who meet **all** of the following criteria:

- There is a presence of severe disability (inability to perform usual work or lifestyle activities) due to intermittent claudication.
- There has been an inadequate response to at least six months of conservative treatment, including lifestyle initiatives for known risks (e.g., smoking cessation, dietary changes), supervised exercise training and pharmacological therapy (e.g., antiplatelet, cilostazol) unless contraindicated.
- The targeted peripheral artery disease lesion is a TASC type A (single stenosis of less than 3 cm) of the common iliac, external iliac or femoropopliteal artery (unilateral or bilateral).
- There is an absence of other conditions that would limit exercise even if the claudication were improved (e.g., angina, chronic obstructive pulmonary disease) with the endovascular intervention.

For individuals with claudication due to lower extremity occlusive arterial disease, the use of either percutaneous or open exposure primary stent placement is considered medically necessary when the following criteria have been met:

- Stenosis or occlusion is present in either the common iliac or external iliac artery.
- Criteria above for angioplasty have been met.

For individuals with claudication due to lower extremity occlusive arterial disease, the use of either percutaneous or open exposure stents or atherectomy devices as salvage (provisional) therapy for a suboptimal or failed result from balloon angioplasty is considered medically necessary when the residual stenosis or occlusion is present in either the femoral, popliteal or tibial artery and **any** the following criteria have been met:

- Residual diameter stenosis is greater than 50 percent.
- Persistent translesional pressure gradient is present.
- Flow-limiting dissection is present.

Please use one of the following methods to request prior authorization:

- **Web:** <https://www.availity.com>
- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627

**What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.