Prior Authorization Checklist for Implanting Physician(s)

This checklist is provided as a summary of the information used to process Prior Authorization Requests for Lower Extremity Vascular Intervention procedures. This list of codes is not all-inclusive. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request.

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| --- | --- | --- |
| **CPT‡ CODES1** | **DESCRIPTION** | **INCLUDED** |
| 37220 | Iliac revascularization | □ |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed | □ |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty | □ |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed | □ |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | □ |
| 37228 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty | □ |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | □ |

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT‡ codes. This information is subject to change. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request.

|  |  |
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| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION** | **INCLUDED** |
| ICD Diagnosis and indication for procedure | □ |
| Relevant history and physical to include member symptoms and pertinent findings due to ischemia | □ |
| Treatments tried, failed and/or contraindicated, including structured exercise program, pharmacologic therapy, and smoking cessation, if applicable | □ |
| Details of functional disabilities interfering with activities of daily living | □ |
| Ankle-Brachial Index (ABI) Score | □ |
| Diagnostic images (e.g., duplex ultrasound, computed tomography angiography [CTA], magnetic resonance angiography [MRA], or invasive angiography) documenting the location and severity of the occlusion and other reports of vascular studies | □ |

**References: 1)** <https://www.uhcprovider.com/en/resource-library/news/2020-network-bulletin-featured-articles/0620-lower-extremity-vascular-interventions.html>

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