

Prior Authorization Checklist for Implanting Physician(s)

This checklist is provided as a summary of the information used to process United Healthcare Prior Authorization Requests for Lower Extremity Vascular Intervention procedures.

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| **CPT‡ CODES** | **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 | □ |

United Healthcare requires the following clinical information when submitting a prior authorization request for the aforementioned CPT‡ codes:

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| **REQUIRED INFORMATION** | **INCLUDED** |
| ICD Diagnosis | □ |
| 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 | □ |

**United Healthcare Prior Authorization Instructions:**

Complete the prior authorization process online or by phone[[1]](#footnote-1):

* Online: Go to www.https//UHCprovider.com/paan.
* Phone: Call 877-842-3210 from 7 a.m. to 7 p.m. local time, Monday through Friday

**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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**Abbott**

3200 Lakeside Dr., Santa Clara, CA 95054, USA Tel: 1.800.227.9902

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1. [↑](#footnote-ref-1)