Prior Authorization Checklist for Lower Extremity Endovascular Procedures

This checklist is provided as a summary of the information used to process Prior Authorization Requests for **Lower Extremity Endovascular procedures**. This list is not all-inclusive. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request. **Please do not include this form in your submission to the payer.**

The following information may be required when submitting a prior authorization request for lower extremity procedures. It is the sole responsibility of the prescribing healthcare provider to diagnose and treat the patient. Nothing in this document is intended to interfere with the independent clinical judgment of the prescribing healthcare provider. This information is subject to change. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request.

|  |  |
| --- | --- |
| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION 1-6** | **INCLUDED** |
| Diagnosis code (ICD-10) and procedure being requested (CPT/HCPCS, description of procedure) | □ |
| Comprehensive medical records, progress notes, and physical examination | □ |
| Diagnostic imaging reports (duplex ultrasound, CT, MR angiogram, or invasive angiogram) documenting the location and severity of occlusion  | □ |
| Documentation of occlusive arterial disease (ankle-brachial index and/or TBI testing, monophasic waveform by ultrasound) | □ |
| Detailed documentation of location and size of aneurysmal disease, if present | □ |
| Please include additional documentation to support medical necessity based on the patient’s condition below:  |  |
| For the treatment of claudication:* Documentation of patient symptoms and disabilities (lifestyle-limiting symptoms that affect activities of daily living and/or work, detailed documentation regarding quality of life parameters that are affected)
* Documentation of conservative medical therapy (duration, frequency, and response to such treatments), including structured exercise program, pharmacologic therapy, and smoking cessation
* Documentation that shows absence of other conditions that would limit activity (example: angina, heart failure, orthopedic limitations) even if occlusion were improved with the endovascular intervention
 | □ |
| For the treatment of Critical Limb Ischemia (CLI):* Detailed documentation regarding the nature of critical limb ischemia, ischemic rest pain, non-healing wound, or gangrene, if applicable
 | □ |

The following list of CPT‡ codes are applicable to lower extremity endovascular 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.

|  |  |  |
| --- | --- | --- |
| **CPT‡ CODES7** | **DESCRIPTION7** | **INCLUDED** |
| 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty | □ |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed | □ |
| +37222 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) | □ |
| +37223 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s),includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | □ |
| 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 | □ |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, 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 | □ |
| 37230 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) includes angioplasty within the same vessel, when performed | □ |
| 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | □ |
| +37232 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty | □ |
| +37233 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed | □ |
| +37234 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placements(s), includes angioplasty within the same vessel, when performed  | □ |
| +37235 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | □ |
| 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel | □ |

 (+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.

For additional information, please review the materials included on Abbott Reimbursement website [Vascular Reimbursement](https://www.cardiovascular.abbott/content/cv/cardiovascular/us/en/hcp/reimbursement/vas.html).

For coding and reimbursement information, Abbott offers a reimbursement hotline, which provides coding and reimbursement information from dedicated reimbursement specialists. To contact the hotline email: AbbottEconomics@abbott.com.

**References**:

1. eviCore Cardiac & Vascular Intervention. Aetna Peripheral Vascular Intervention Guidelines. [Cardiac & Vascular Intervention | eviCore healthcare](https://www.evicore.com/provider/clinical-guidelines-details?solution=cardiac%20and%20vascular%20intervention&hPlan=Aetna)
2. Anthem Provider News. Prior Authorization. [Prior-Authorization And Pre-Authorization | Anthem.com](https://www.anthem.com/ca/provider/prior-authorization/)
3. Cigna Precertification List. [Precertification Guidelines](https://static.cigna.com/assets/chcp/resourceLibrary/preCertification/preCertification.html)
4. Cigna Medical Coverage Policy: Percutaneous Revascularization of the Lower Extremities in Adults. https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\_0537\_coveragepositioncriteria\_percutaneous\_revasc\_lower\_ext\_adults.pdf
5. United Healthcare Commercial Medical Policy: Lower Extremity Endovascular Procedures. https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/lower-endovascular-procedures.pdf
6. Humana Preauthorization and Notification Lists. [Preauthorization and Notification Lists for Healthcare Providers - Humana](https://www.humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists)
7. CPT‡ Coding Guidelines. AMA. CPT‡ 2023 Professional Edition. American Medical Association. 2023.

**Disclaimer**

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently and is subject to change without notice. The customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.



**Abbott**

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

www.cardiovascular.abbott

™ Indicates a trademark of the Abbott group of companies

‡ Indicates third party trademark, which is the property of its respective owner.

©2023 Abbott. All rights reserved.

 MAT-2007199 v4.0 | Item approved for U.S. use only