Authorization criteria: Non-coronary vascular stents
For Blue Cross Medicare Plus BlueSM PPO members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT codes: *37236 and *37238

Vascular stents are covered only if they are an FDA-approved stent and when requested either for a primary stenting procedure for a patient who would otherwise not be considered a candidate for surgical intervention; or when a previous percutaneous transluminal angioplasty (PTA) was suboptimal or failed; or as an adjunct to PTA when PTA alone is not expected to provide a durable result.

Brachiocephalic arteries stenosis
Flow-limiting stenosis indicated by ONE or more of the following:
1. Subclavian steal syndrome
2. Upper extremity claudication
3. Ischemic rest pain of the arm and hand
4. Non-healing tissue ulceration and focal gangrene

Congenital pulmonary artery stenosis
Conformed diagnosis of congenital pulmonary artery stenosis

Renal artery stenosis (RAS)
ONE or more of the following must be met:
1. Renal artery dissection
2. Renal artery aneurysm
3. Renal artery atherosclerosis greater than 50 percent in a transplanted kidney
4. Flash pulmonary edema
5. Acute coronary syndrome (ACS) with severe hypertension
6. Resistant HTN (Uncontrolled hypertension with failure of maximally tolerated doses of at least three antihypertensive agents, one of which is a diuretic (unless contraindicated or not tolerated)
7. Ischemic nephropathy with chronic kidney disease and the following:
   a. eGFR <45 cc/min
   b. Global renal ischemia (unilateral significant RAS with solitary kidney or bilateral significant RAS) without other explanation
8. Unilateral RAS with CKD (eGFR <45 cc/min)
9. Unilateral RAS with prior episodes of congestive heart failure (Stage C)
10. Anatomically challenging or high risk lesion (for example, early bifurcation, small vessel, severe concentric calcification, and severe aortic atheroma or mural thrombus)

Mesenteric vessels
Mesenteric vessels with ONE or more of the following conditions present:
1. Acute mesenteric ischemia
2. Chronic mesenteric ischemia
3. Mesenteric thrombosis
4. Vascular insufficiency resulting in gastrointestinal symptoms

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.

Current authorization criteria effective date: March 2017
Authorization criteria: 
Non-coronary vascular stents
For Blue Cross Medicare Plus BlueSM PPO members

Hemodialysis access graft/fistula
Hemodialysis access graft/fistula with ONE or more of following:
1. Stenosis
2. Restenosis
3. Occlusion
4. Pseudoaneurysm

Superior vena cava and subclavian/innominate veins
ONE or more of the following must be met:
1. Superior vena cava syndrome
2. Post-radiation venous stenosis
3. Congenital stenosis
4. Thrombosis and embolism, including acute thrombophlebitis
5. Presence of arteriovenous fistula for chronic hemodialysis AND outflow vessels stenotic

Inferior vena cava and iliofemoral veins
ONE or more of the following must be met:
1. Vena caval venous occlusion(s) and stenosis,
2. Iliofemoral venous occlusion(s) and stenosis; AND ONE of the following:
   a. Post-radiation venous stenosis
   b. Congenital stenosis or webs
   c. Extrinsic venous compression (for example, May-Thurner syndrome)
   d. Thrombophlebitis
   e. Symptomatic post-traumatic venous stenosis

Sequential procedures
The initial approach was unsuccessful or only partially successful in maintaining or re-establishing patency of a vessel.

Reference
Local Coverage Determination (LCD): Non-Coronary Vascular Stents (L35998)