

Preview questionnaire: Noncoronary vascular stents

For BCN HMOSM (commercial) and BCN AdvantageSM members

For Blue Cross Medicare Plus BlueSM PPO members

Noncoronary vascular stents

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable procedure codes: *37236 and *37238

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See below for the questions you'll encounter for this procedure in the e-referral system.

- 1.*The Non Coronary Vascular Stents Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option

Non Coronary Vascular Stents

Answering the question(s) below will provide additional information needed to process your request.

Q Is this request for a primary stenting procedure (not an adjunct to percutaneous transluminal angioplasty) for a patient who would otherwise not be considered a candidate for surgical intervention?

A

Possible answers: Yes No N/A

Q Has the patient had a previous percutaneous transluminal angioplasty that the outcome was unsuccessful or only partially successful in maintaining or re-establishing patency of a vessel?

A

Possible answers: Yes No N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is this request for stent placement as an adjunct to percutaneous transluminal angioplasty where PTA alone is not expected to provide a durable result?

A Possible answers: Yes No N/A

Q Is the stent to be placed EITHER an FDA-approved stent or a stent that carries an Investigational Device Exemption (IDE)?

A Possible answers: Yes No N/A

Q Does the patient have brachiocephalic artery stenosis by ONE OR MORE of the following? Subclavian steal syndrome. Upper extremity claudication. Ischemic rest pain of the arm and hand. Non-healing tissue ulceration and focal gangrene.

A Possible answers: Yes No N/A

Q Does the patient have an arteriovenous fistula for chronic hemodialysis and the outflow arteries, such as the innominate or subclavian are stenotic?

A Possible answers: Yes No N/A

Q Does the patient have EITHER renal artery dissection OR renal artery aneurysm?

A Possible answers: Yes No N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have renal artery atherosclerosis greater than 50% in a transplanted kidney?

A

Possible answers: Yes No N/A

Q Does the patient have congenital pulmonary artery stenosis?

A

Possible answers: Yes No N/A

Q Does the patient have EITHER flash pulmonary edema OR acute coronary artery syndrome with severe hypertension?

A

Possible answers: Yes No N/A

Q Does the patient have uncontrolled hypertension AND failure of maximally tolerated doses of AT LEAST THREE antihypertensive agents ONE of which is a diuretic (unless contraindicated or not tolerated)?

A

Possible answers: Yes No N/A

Q Does the patient have ischemic nephropathy with chronic kidney disease AND BOTH eGFR less than 45 cc/min AND global renal ischemia (unilateral significant renal artery stenosis with a solitary kidney or bilateral significant renal artery stenosis) without other explanation?

A

Possible answers: Yes No N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<p>Q Does the patient have a unilateral renal artery stenosis with chronic kidney disease and eGFR less than 45 cc/min?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have unilateral renal artery stenosis AND history of congestive heart failure (American Heart Association Stage C)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have renal artery stenosis AND EITHER an anatomically challenging OR high risk lesion (early bifurcation, small vessel, severe concentric calcification, and severe aortic atheroma or mural thrombus)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have stenosis of the mesenteric vessels that supply the small and large intestines as identified by ONE OR MORE of the following? Acute mesenteric ischemia. Chronic mesenteric ischemia. Mesenteric thrombosis. Other vascular insufficiency resulting in gastrointestinal symptoms?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have a hemodialysis access graft/fistula and EITHER stenosis, restenosis, occlusion, or pseudoaneurysm?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have ANY of the following? Superior vena cava syndrome. Post-radiation venous stenosis. Congenital stenosis. Thrombosis and embolism. Acute thrombophlebitis.

A Possible answers: Yes No N/A

Q Does the patient have vena caval stenosis due to ANY of the following? Post-radiation venous stenosis. Congenital stenosis or webs. Extrinsic venous compression (for example, May-Thurner syndrome). Thrombophlebitis. Symptomatic post-traumatic venous stenosis.

A Possible answers: Yes No N/A

Q Does the patient have iliofemoral venous occlusions and stenosis due to ANY of the following? Post-radiation venous stenosis. Congenital stenosis or webs. Extrinsic venous compression (for example, May-Thurner syndrome). Thrombophlebitis. Symptomatic post-traumatic venous stenosis.

A Possible answers: Yes No N/A