Noncoronary vascular stents
We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *37236, *37238

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See below for the questions you’ll encounter in the e-referral system.

Is this request for ONE of the following (A-C)?
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. B. Previous percutaneous transluminal angioplasty that the outcome was unsuccessful or only partially successful in maintaining or re-establishing patency of a vessel. C. Stent placement as an adjunct to percutaneous transluminal angioplasty where PTA alone is not expected to provide a durable result.

Possible answers: ☐ Yes ☐ No ☐ N/A

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

Possible answers: ☐ Yes ☐ No ☐ N/A
<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
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<tbody>
<tr>
<td>Does the patient have brachiocephalic artery stenosis by ONE OR MORE of the following (A-D)? A. Subclavian steal syndrome with clinically significant findings such as drop attacks, arm claudication, lightheadedness, ataxia, vertigo, dizziness, confusion, headache, nystagmus, hearing loss, presyncope and syncope, visual disturbances and focal seizures. B. Upper extremity claudication. C. Ischemic rest pain of the arm and hand. D. Non-healing tissue ulceration and focal gangrene.</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Does the patient have an arteriovenous fistula for chronic hemodialysis and the outflow arteries, such as the innominate or subclavian are stenotic?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Does the patient have EITHER renal artery dissection OR renal artery aneurysm?</td>
<td>□ Yes □ No □ N/A</td>
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<td>Does the patient have renal artery atherosclerosis greater than 50 percent in a transplanted kidney?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Does the patient have congenital pulmonary artery stenosis?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Does the patient have EITHER flash pulmonary edema OR acute coronary artery syndrome with severe hypertension?</td>
<td>□ Yes □ No □ N/A</td>
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</table>
Noncoronary vascular stents

For Medicare Plus Blue℠ PPO, BCN HMO℠ (commercial) and BCN Advantage℠ members

Effective March 17, 2020

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)?

Possible answers: □ Yes □ No □ N/A

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

Possible answers: □ Yes □ No □ N/A

Q: Does the patient have a unilateral renal artery stenosis with chronic kidney disease and eGFR less than 45 cc/min?

Possible answers: □ Yes □ No □ N/A

Q: Does the patient have unilateral renal artery stenosis AND history of congestive heart failure (American Heart Association Stage C)?

Possible answers: □ Yes □ No □ N/A

Q: Does the patient have renal artery stenosis AND EITHER A or B? A. An anatomically challenging lesion. B. High-risk lesion (early bifurcation, small vessel, severe concentric calcification, and severe aortic atheroma or mural thrombus).

Possible answers: □ Yes □ No □ N/A

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 (A-D)? A. Acute mesenteric ischemia. B. Chronic mesenteric ischemia. C. Mesenteric thrombosis. D. Other vascular insufficiency resulting in gastrointestinal symptoms.

Possible answers: □ Yes □ No □ N/A
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### Questionnaire

#### 1. Does the patient have a hemodialysis access graft/fistula and ONE (A-D)?
- A. Stenosis
- B. Restenosis
- C. Occlusion
- D. Pseudoaneurysm

Possible answers: □ Yes □ No □ N/A

#### 2. Does the patient have ANY of the following (A-E)?
- A. Superior vena cava syndrome
- B. Post-radiation venous stenosis
- C. Congenital stenosis
- D. Thrombosis and embolism
- E. Acute thrombophlebitis

Possible answers: □ Yes □ No □ N/A

#### 3. Does the patient have vena caval stenosis due to ANY of the following (A-E)?
- 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

Possible answers: □ Yes □ No □ N/A

#### 4. Does the patient have iliofemoral venous occlusions and stenosis due to ANY of the following (A-E)?
- 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

Possible answers: □ Yes □ No □ N/A