

Authorization criteria: Endovascular intervention, peripheral artery

For Medicare Plus BlueSM and BCN AdvantageSM

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

CPT code(s): *37220, *37221, *37224, *37225, *37226, *37227, *37228, *37229, *37230 and *37231

Acute limb ischemia (urgent)

Absence of a pulse distal to the identified occlusion AND ALL of the following:

1. Absent or weak arterial signal by Doppler
2. Ankle-brachial index (ABI) 0.4 or less
3. ONE or MORE of the following symptoms in the affected extremity:
 - a. Sudden onset of severe pain
 - b. Numbness
 - c. Coldness
 - d. Weakness
 - e. Discoloration

Vein graft stenosis

Vein graft stenosis identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography)

Claudication of the common iliac artery, external iliac artery, femoral artery or popliteal artery

ALL must be met:

1. Pain of the extremities that interferes with mobility related activities of daily living
2. ONE OR MORE of the following:
 - a. Resting ankle-brachial index (ABI) 0.9 or less
 - b. ABI greater than 1.4 and toe-brachial index 0.7 or less
 - c. Exercise or hyperemic ABI of 0.9 or less
 - d. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
 - e. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
 - f. Resting toe pressure of 50 mmHg or less
 - g. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
3. Occlusion or stenosis of at least 50 percent identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography) AND ONE of the following:
 - a. Common iliac arterial lesion
 - b. External iliac arterial lesion
 - c. Femoral arterial lesion
 - d. Popliteal arterial lesion
4. Continued symptoms or findings after treatment with ALL of the following:
 - a. Supervised exercise sessions of 30 to 60 minutes three times per week for a minimum of 3 months (12 weeks)
 - b. Smoking cessation or reduction for at least 12 weeks OR nonsmoker
 - c. Cilostazol for at least 12 weeks (unless contraindicated or not tolerated)
 - d. Cholesterol management for at least 12 weeks (unless contraindicated or not tolerated)

Gangrene or impending gangrene of foot or toe

BOTH must be present:

1. Occlusion or stenosis of at least 50 percent identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography)
2. ONE or MORE of the following:

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- a. Resting ankle-brachial index (ABI) 0.9 or less
- b. ABI greater than 1.4 and toe-brachial index 0.7 or less
- c. Exercise or hyperemic ABI of 0.9 or less
- d. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
- e. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
- f. Resting toe pressure of 50 mmHg or less
- g. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
- h. Transcutaneous Po₂ of 30 mmHg (4.0 kPa) or less

In-stent or recurrent stenosis

EITHER must be met:

1. Stenosis identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography) with claudication (cramping pain in the leg caused by exercise such as walking) AND ONE or MORE of the following:
 - a. Resting ankle-brachial index (ABI) 0.9 or less
 - b. ABI greater than 1.4 and toe-brachial index 0.7 or less
 - c. Exercise or hyperemic ABI of 0.9 or less
 - d. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
 - e. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
 - f. Resting toe pressure of 50 mmHG or less
 - g. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
2. Stenosis identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography) and BOTH:
 - a. At least ONE of the following symptoms:
 - i. Rest pain¹
 - ii. Nonhealing ulcer or wound on the lower leg or foot for at least two weeks
 - iii. Gangrene or impending gangrene of foot or toe
 - b. ONE or MORE of the following:
 - i. Resting ankle-brachial index (ABI) 0.9 or less
 - ii. ABI greater than 1.4 and toe-brachial index 0.7 or less
 - iii. Exercise or hyperemic ABI of 0.9 or less
 - iv. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
 - v. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
 - vi. Resting toe pressure of 50 mmHG or less
 - vii. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
 - viii. Transcutaneous Po₂ of 30 mmHg (4.0 kPa) or less

Nonhealing ulcer or wound of the lower leg or foot

Nonhealing ulcer or wound of the lower leg or foot for at least two weeks and BOTH must be met:

1. Occlusion or stenosis of at least 50 percent identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography)
2. ONE or MORE of the following:
 - a. Resting ankle-brachial index (ABI) 0.9 or less
 - b. ABI greater than 1.4 and toe-brachial index 0.7 or less
 - c. Exercise or hyperemic ABI of 0.9 or less
 - d. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
 - e. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
 - f. Resting toe pressure of 50 mmHG or less



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- g. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
- h. Transcutaneous P_O₂ of 30 mmHg (4.0 kPa) or less

Rest pain¹

BOTH must be met:

- 1. Occlusion or stenosis of at least 50 percent identified by imaging (such as duplex ultrasound, Doppler, CTA, MRA or angiography)
- 2. ONE or MORE of the following:
 - a. Resting ankle-brachial index (ABI) 0.9 or less
 - b. ABI greater than 1.4 and toe-brachial index 0.7 or less
 - c. Exercise or hyperemic ABI of 0.9 or less
 - d. Exercise ABI more than a 20 percent decrease from baseline and delayed recovery
 - e. Exercise ABI of at least a 30 mmHg decrease from baseline and delayed recovery
 - f. Resting toe pressure of 50 mmHG or less
 - g. Transmetatarsal or ankle pulse volume recording (PVR) amplitude of 5 mm or less
 - h. Transcutaneous P_O₂ of 30 mmHg (4.0 kPa) or less

¹John J. Cranley, M.D. *Arch Surg.* 1969; 98 (2): 187,188 Ischemic rest pain is pain that occurs in the toes or in the area of the metatarsal heads. Occasionally, it occurs in the foot proximal to the metatarsal heads. Elevation of the limb above the horizontal aggravates the pain and pendency, to some degree at least, brings relief.

References

Change Healthcare's InterQual[®] 2023 Procedures Adult Criteria, Endovascular Intervention, Peripheral Artery

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