

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 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
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

Confirmed 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 chronic kidney disease (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



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# Authorization criteria: Noncoronary vascular stents

For Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial  
and BCN Advantage<sup>SM</sup>

## Hemodialysis access graft/fistula

Hemodialysis access graft/fistula with ONE or more of the 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; 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
2. Iliofemoral venous occlusions(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), revision date 10/28/21

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