# Lower Extremity Vascular Interventions

Prior Authorization Program

Together, we've been focused on helping to work toward achieving better health outcomes, improving the patient experience and lowering the cost of care. To continue this important work, our new medical policy and newly expanded prior authorization requirement for lower extremity vascular interventions will help to improve cost efficiencies for the overall health care system while still providing access to safe, quality health care.

## What's changing?

Effective for dates of service **January 1, 2021**, UnitedHealthcare Community Plan of New Jersey will require prior authorization and notification for **lower extremity vascular interventions** for UnitedHealthcare Medicare Advantage and Community Plan Members, including FIDE SNP. The CPT® codes that fall under this requirement include 37220, 37221 and 37224 – 37229.

## Why are we making this change?

Interventions for lower extremity peripheral arterial conditions are not currently managed and driving high cost of care. The decision to perform endovascular and/or surgical procedures sometimes occurs without appropriate prior medical intervention (e.g., medication) or use of evidence-based guidelines.

We created a medical policy based on clinical guidelines to help reduce unnecessary medical procedures and encourage more conservative and cost-effective preventive measures to help promote better medical outcomes for our members.

## How will this impact providers?

The medical necessity criteria below is an excerpt from the medical policy. The full policy will be available on **UHCprovider.com/NJcommunityplan** > Prior Authorization and Notification, beginning Sept. 1, 2020.

**Lower extremity vascular angiography is proven and medically necessary for evaluating arterial disease of the lower extremity.**

For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, [24th edition, 2020], Lower Extremity Angiography, ACG: A-0002 (AC), available online at uhc.access.mcg.com/index.

- Claudication due to atherosclerotic disease of the aortoiliac and/or femoropopliteal arteries when ALL the following criteria are met:
    - Impaired ability to work and/or perform activities of daily living (ADL)
    - ALL the following conservative therapies have been tried and failed:
        - At least 12 weeks of a supervised or structured exercise program
        - Pharmacologic therapy
        - Smoking cessation, if applicable

    - Moderate to severe ischemic peripheral artery disease with ankle-brachial index (ABI) ≤ 0.69
    - Imaging results show anatomic location and severity of occlusion (stenosis ≥ 50%) (e.g., duplex ultrasound, computed tomography angiography (CTA), magnetic resonance angiography (MRA) or invasive angiography)
- Chronic limb-threatening ischemia (CLTI) when ALL the following criteria are met:
    - One or more of the following:
        - Pain at rest
        - Non-healing wound or ulcer, due to ischemia
        - Gangrene
    - Moderate to severe ischemic peripheral artery disease with ankle-brachial index (ABI) ≤ 0.69
    - Imaging results show anatomic location and severity of occlusion (stenosis ≥ 50%) (e.g., duplex ultrasound, computed tomography angiography (CTA), magnetic resonance angiography (MRA) or invasive angiography)

Due to insufficient evidence of efficacy, endovascular revascularization procedures (e.g., stents, angioplasty and/or atherectomy) for treating lower extremity ischemia are unproven and not medically necessary in the following circumstances:

- Claudication due to isolated infrapopliteal (e.g., anterior tibial, posterior tibial or peroneal) artery disease
- To prevent the progression of claudication to CLTI
- Individual is asymptomatic
- Treatment of a nonviable limb

## How do I request prior authorization and notification?

You can request prior authorization and notification online or by phone.

- **Online: UHCprovider.com/paan**.
- **Phone:** Call **877-842-3210** from 7 a.m. – 7 p.m. local time, Monday – Friday.

We'll contact the requesting provider and member with our coverage decision within 15 calendar days, or sooner, based on regulations. If we deny coverage, we'll include appeal information in the denial letter. If you don't complete a prior authorization and notification before performing a procedure, we'll deny the claim and you won't be able to bill the member for the services.

### We're Here to Help

If you have questions, please contact your UnitedHealthcare representative or call the Provider Services number on the member's ID card.