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*\* Please note: Please note: Alignment's policy is to make decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, Alignment makes coverage decisions based on Alignment's or the delegator's policy. Benefits may vary based on contract, and individual member benefits must be verified. Alignment determines medical necessity if the benefit exists and no contract exclusions are applicable. Although Alignment's policy is consistent with CMS's regulations and guidance, their payment methodology may differ from Medicare. AHC reserves the right to reimburse the most cost effective durable medical equipment item that is appropriate to the member's medical needs and condition. The decision is based on the member's current medical condition.*

# AHC Percutaneous Revascularization of Lower Extremities

**MCG Health**  
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## Clinical Indications

- Percutaneous revascularization procedures (e.g. arthroectomy and/or stent) for lower extremity peripheral arterial disease may be medically necessary if ALL of the following are met:
  - Member has claudication (fatigue, discomfort, cramping or pain of vascular origin in the muscles of the lower extremities that is consistently induced by exercise and consistently relieved by rest) that is limiting their lifestyle (impaired ability to work or perform activities of daily living);
  - Member has had an inadequate response to 3 months of conservative therapy to include ALL of the following within the last 12 months:
    - Supervised or structured exercise program;
    - Pharmacologic therapy, if medically appropriate and not contraindicated;
    - Smoking cessation, if applicable
  - Ischemic peripheral arterial disease (ankle-brachial index less than 0.9 or monophasic waveform by ultrasound);
  - Imaging shows anatomical location and severity of occlusion (stenosis greater than 50%).
- Percutaneous revascularization procedures (e.g. arthroectomy and/or stent) may be medically necessary for chronic or critical limb ischemia if ALL of the following are met:
  - One or more of the following:
    - Ischemic rest pain;
    - Non-healing ulcer or wound;
    - Gangrene
  - Imaging shows anatomic location of significant occlusive disease of 70% or greater
  - Documentation of one of the following:
    - Ankle-brachial index of less than 0.7
    - Toe pressure less than 30mmHG (TBI testing);
    - Monophasic waveform by ultrasound
- For all other indications including the following, percutaneous revascularization in an individual with lower extremity ischemia is considered experimental, investigational or unproven:

- Member is asymptomatic;
- Non-limb-threatening infrapopliteal (e.g., anterior tibial, posterior tibial or peroneal) artery disease;
- Treatment of a non-viable limb

## Evidence Summary

Peripheral artery disease (PAD) is a narrowing of vessels due to atherosclerosis that limits blood flow to the limbs. PAD most commonly affects arteries in the legs. While many people with PAD do not have any symptoms, some will have leg pain, numbness or cramping during exercise that is relieved by rest (claudication). Risk factors for PAD include age, smoking, diabetes, obesity, high blood pressure and high cholesterol.

PAD is associated with an increased risk of heart attack, stroke and, when left untreated, can lead to Chronic Limb-Threatening Ischemia (CLTI). Treatment options include exercise programs, smoking cessation, medications, endovascular techniques, and surgery. Endovascular techniques to treat claudication and CLTI include balloon dilation (angioplasty), stents, endovenous stent grafts and atherectomy. The technique chosen for endovascular treatment depends on many factors including lesion characteristics such as anatomic location, lesion length and degree of calcification.

## Committee Approval

- 01/09/2024, 02/20/2025

## References

- American College of Cardiology (ACC). ACC/AHA/SCA/SIR/SVM 2018 appropriate use criteria for peripheral artery intervention. <https://www.acc.org>.
- American College of Cardiology (ACC). Practice guidelines for the management of patients with peripheral artery disease. <https://www.acc.org>.
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- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD). Percutaneous transluminal angioplasty (20.7). <https://www.cms.gov>.
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- Society for Vascular Surgery. Global vascular guidelines on the management of chronic limb threatening ischemia. <https://vascular.org>.
- Society for Vascular Surgery. Guidelines for atherosclerotic occlusive disease of the lower extremities: management of asymptomatic disease and claudication. <https://vascular.org>.
- Society for Vascular Surgery. Reporting standards of the Society for Vascular Surgery for endovascular treatment of chronic lower extremity peripheral artery disease. <https://vascular.org>.
- UpToDate, Inc. Clinical features and diagnosis of acute lower extremity ischemia. <https://www.uptodate.com>.
- UpToDate, Inc. Endovascular techniques for lower extremity revascularization. <https://www.uptodate.com>.
- UpToDate, Inc. Management of chronic limb-threatening ischemia. <https://www.uptodate.com>.
- UpToDate, Inc. Management of claudication due to peripheral artery disease. <https://www.uptodate.com>.
- UpToDate, Inc. Overview of lower extremity peripheral artery disease. <https://www.uptodate.com>.
- UpToDate, Inc. Surgical and endovascular repair of popliteal artery aneurysm. <https://www.uptodate.com>.

## Application

- This policy applies to the following states: Arizona, California, Nevada, North Carolina, and Texas.
- Medicare may cover percutaneous transluminal angioplasty when criteria has been met. Refer to the National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty (PTA) (20.7), which addresses coverage guidelines for angioplasty and carotid artery stenting.
- Please refer to the CMS website for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

## Policy Revision History

- 12/01/2023: Creation date
- 11/12/2024: Annual review, Applicable states updated, Florida removed

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# Codes

**CPT® : 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235**

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