

## Prior authorization requirements for lower extremity vascular intervention

Effective July 1, 2018, prior authorization (PA) requirements changed for lower extremity vascular intervention to be covered by Summit Community Care. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

### PA requirements were added to the following codes:

- Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty (37220)
- Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (37221)
- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty (37224)
- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed (37225)
- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (37226)
- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (37227)
- Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty (37228)
- Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed (37229)
- Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (37230)
- Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (37231)

### To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Fax:**
  - Behavioral/mental health: 1- 877-434-7578
  - Non behavioral/mental health: 1-501-224-1355
- **Phone:** 1-844-462-0022

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website at <https://www.summitcommunitycare.com/provider>. Providers may also call us at 1 844-462-0022 for PA requirements.