



## Blue Cross Complete Clinical Practice Guideline Summary

### *Endovascular treatment for intermittent claudication*

Description	Certain requests for endovascular revascularization for treatment of intermittent claudication are considered medically necessary and require prior authorization.
Criteria	<p>Endovascular revascularization for treatment of intermittent claudication is clinically proven and therefore medically necessary for members with peripheral artery disease when all of the following criteria are met<sup>1</sup>:</p> <ul style="list-style-type: none"><li>• Significant functional or lifestyle-limiting disability.</li><li>• Hemodynamically significant aortoiliac occlusive disease, femoropopliteal disease, or multivessel tibial disease with a stenosis of at least 50%.</li><li>• Failure of at least 12 weeks of guideline-directed pharmacotherapy or exercise therapy, or both, to control symptoms.</li><li>• Documented discontinuation of smoking and other tobacco use.</li><li>• There is a reasonable likelihood of symptomatic improvement with endovascular treatment.</li><li>• The benefits of treatment outweigh the potential risks.</li></ul> <p><b>Prior authorization must be obtained before performing endovascular revascularization when the above criteria are present.</b></p> <p>For any determinations of medical necessity for medications, refer to the applicable state-approved pharmacy policy.</p>
Limitations	<p>All other uses for endovascular revascularization for members with intermittent claudication are investigational/not clinically proven, and therefore, not medically necessary, as their effectiveness has not been established, including, but not limited to<sup>1</sup>:</p> <ul style="list-style-type: none"><li>• Treatment of asymptomatic disease, regardless of hemodynamic measures or imaging findings demonstrating presence of disease.</li><li>• Treatment of isolated infrapopliteal artery disease.</li><li>• Treatment done solely to prevent progression to chronic limb ischemia.</li></ul>
Alternative covered services	Guideline-directed risk reduction measures (e.g., diet and smoking cessation), pharmacotherapy (antiplatelet drugs, statins, or medications to lower blood pressure), supervised exercise therapy, home-based exercise therapy, and open surgical revascularization.

<sup>1</sup>Conte MS, Pomposelli FB, Clair DG, et al. Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: Management of asymptomatic disease and claudication. *J Vasc Surg.* 2015;61(3 Suppl):2s-41s. Doi: 10.1016/j.jvs.2014.12.009. Gerhard-Herman MD, Gornik HL, Barrett C, et al. 2016 AHA/ACC guideline on the management of patients with lower extremity peripheral artery disease: Executive summary: A report of the American College of Cardiology/American Heart Association Task Force on clinical practice guidelines. *Circulation.* 2017;135(12):e686-e725. Doi: 10.1161/cir.0000000000000470.

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Effective date: 12/2021