

## MCG message

Title: **Endovascular treatment for intermittent claudication policy**

Posting date: **September 22, 2021**

**Summary:** Effective December 1, 2021, certain requests for endovascular revascularization for treatment of intermittent claudication are considered medically necessary and will require prior authorization.

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 (Conte, 2015; Gerhard-Herman, 2017):

- Significant functional or lifestyle-limiting disability.
- Hemodynamically significant aortoiliac occlusive disease, femoropopliteal disease, or multivessel tibial disease with a stenosis of at least 50%.
- Failure of at least 12 weeks of guideline-directed pharmacotherapy or exercise therapy, or both, to control symptoms.
- Documented discontinuation of smoking and other tobacco use.
- There is a reasonable likelihood of symptomatic improvement with endovascular treatment.
- The benefits of treatment outweigh the potential risks.

**Prior authorization must be obtained before performing endovascular revascularization when the above criteria are present.**

For any determinations of medical necessity for medications, refer to the applicable state-approved pharmacy policy.

### Limitations

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 (Conte, 2015; Gerhard-Herman, 2017):

- Treatment of asymptomatic disease, regardless of hemodynamic measures or imaging findings demonstrating presence of disease.



- Treatment of isolated infrapopliteal artery disease.
- Treatment done solely to prevent progression to chronic limb ischemia.

#### **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
- Open surgical revascularization

#### **Questions**

We appreciate your continued support and commitment to the care of our members. If you have questions, please contact your Blue Cross Complete provider account executive or call Provider Inquiry at **1-888-312-5713**.