Local Coverage Determination (LCD):
Vascular Stenting of Lower Extremity Arteries (L33763)

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
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<tbody>
<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09101 - MAC A</td>
<td>J - N</td>
<td>Florida</td>
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<td>First Coast Service Options, Inc.</td>
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<td>09102 - MAC B</td>
<td>J - N</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09201 - MAC A</td>
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<td>Puerto Rico</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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</table>

LCD Information

Document Information

LCD ID
L33763

Original ICD-9 LCD ID
L32107

LCD Title
Vascular Stenting of Lower Extremity Arteries

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 11, Section 20.1

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Sections 20.7

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Vascular stenting of lower extremity arteries performed for clinically significant occlusive vascular disease will be considered medically reasonable and necessary for a patient under any of the following circumstances:

• Primary therapy for common iliac artery stenosis and occlusions.
• Primary therapy for external iliac artery stenoses and occlusions.
• Primary therapy for femoral/popliteal arterial stenosis and occlusions.
• Salvage therapy for common and external iliac arteries for a suboptimal or failed result from balloon dilation (e.g., persistent translesional gradient, residual diameter stenosis greater than 50%, or flow-limiting dissection).
• Salvage therapy for femoral/popliteal arteries for a suboptimal or failed result from balloon dilation (e.g., persistent translesional gradient, residual diameter stenosis greater than 50%, or flow-limiting dissection).
• Salvage therapy for tibial/peroneal arterial lesions for a suboptimal result from balloon dilation.

Limitations

Vascular stenting of lower extremity arteries is considered experimental and investigational for a patient under any of the following circumstances as the effectiveness has not been well established and/or is not recommended, and therefore, will not be considered medically reasonable and necessary:

• Primary therapy for tibial/peroneal arterial stenosis and occlusions.

It is the expectation that for the covered indications of this policy, the utilized stent will have Food and Drug Administration (FDA) approval for that indication. ‘Off-label use’ of drug-eluting stents and polytetrafluoroethylene (PTFE)-covered stents are non-covered (given the FDA approved use as well as off-label use of such devices is a subject of ongoing clinical trials). For the covered indications, a stent approved by the FDA may be covered for off-label use for which efficacy has been supported in peer-reviewed medical literature, given that there are no FDA-contraindications or warnings which have been demonstrated in this regard and given that its use has been a long standing standard of care (this statement is limited to vascular stents for lower extremity arteries as applied to this LCD).
Coding Information

**Bill Type Codes:**
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x  Hospital Inpatient (Medicare Part B only)
013x  Hospital Outpatient
085x  Critical Access Hospital

**Revenue Codes:**
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0320  Radiology - Diagnostic - General Classification
032X  Radiology - Diagnostic - General Classification
0323  Radiology - Diagnostic - Arteriography
0329  Radiology - Diagnostic - Other Radiology - Diagnostic
0340  Nuclear Medicine - General Classification
0342  Nuclear Medicine - Therapeutic
0349  Nuclear Medicine - Other Nuclear Medicine
035X  CT Scan - General Classification
0402  Other Imaging Services - Ultrasound
0404  Other Imaging Services - Positron Emission Tomography
0409  Other Imaging Services - Other Imaging Services
0610  Magnetic Resonance Technology (MRT) - General Classification
0614  Magnetic Resonance Technology (MRT) - MRI - Other
0615  Magnetic Resonance Technology (MRT) - MRA - Head and Neck
0616  Magnetic Resonance Technology (MRT) - MRA - Lower Extremities
0618  Magnetic Resonance Technology (MRT) - MRA - Other
0619  Magnetic Resonance Technology (MRT) - Other MRT

**CPT/HCPCS Codes**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>37221</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED</td>
</tr>
<tr>
<td>37223</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
</tr>
<tr>
<td>37226</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED</td>
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<tr>
<td>37227</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED</td>
</tr>
<tr>
<td>ICD-10 Codes</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td>37230</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED</td>
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<tr>
<td>37231</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND AHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED</td>
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<tr>
<td>37234</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

<table>
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<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
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<tr>
<td>170.201 - 170.203</td>
<td>Unspecified atherosclerosis of native arteries of extremities, right leg - Unspecified atherosclerosis of native arteries of extremities, bilateral legs</td>
</tr>
<tr>
<td>170.209</td>
<td>Unspecified atherosclerosis of native arteries of extremities, unspecified extremity</td>
</tr>
<tr>
<td>170.211 - 170.213</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, right leg - Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs</td>
</tr>
<tr>
<td>170.219</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity</td>
</tr>
<tr>
<td>170.221 - 170.223</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, right leg - Atherosclerosis of native arteries of extremities with rest pain, bilateral legs</td>
</tr>
<tr>
<td>170.229</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity</td>
</tr>
<tr>
<td>170.231 - 170.249</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of thigh - Atherosclerosis of native arteries of left leg with ulceration of unspecified site</td>
</tr>
<tr>
<td>170.261 - 170.269</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, right leg - Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity</td>
</tr>
<tr>
<td>173.9</td>
<td>Peripheral vascular disease, unspecified</td>
</tr>
<tr>
<td>174.3</td>
<td>Embolism and thrombosis of arteries of the lower extremities</td>
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<tr>
<td>174.5</td>
<td>Embolism and thrombosis of iliac artery</td>
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<tr>
<td>174.8</td>
<td>Embolism and thrombosis of other arteries</td>
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<tr>
<td>177.1</td>
<td>Stricture of artery</td>
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<tr>
<td>177.72</td>
<td>Dissection of iliac artery</td>
</tr>
<tr>
<td>T81.718A - T81.719S</td>
<td>Complication of other artery following a procedure, not elsewhere classified, initial encounter - Complication of unspecified artery following a procedure, not elsewhere classified, sequela</td>
</tr>
</tbody>
</table>

**ICD-10 Codes that DO NOT Support Medical Necessity**
General Information

Associated Information

Documentation Requirements

Medical record documentation maintained by the performing physician must clearly indicate medical necessity for this service and made available upon request. This documentation should also include, but is not limited, to the following (as applicable to the patient’s episode of care):

- Relevant medical history (e.g., claudication, critical limb ischemia)
- Vascular physical examination (including measurement of the ankle-brachial index)
- Previous noninvasive diagnostic evaluation(s)
- Detailed summary of the radiographic report
- Detailed summary of the procedure/operative report

Any procedure has benefit and risk that the treating physician discusses with the patient. To meet the R&N threshold for coverage of a procedure, the physician’s documentation for the case should clearly support both the diagnostic criteria for the indication (standard test results and/or clinical findings as applicable) and the medical need (the procedure does not exceed the medical need and is at least as beneficial as existing alternatives and the procedure is furnished with accepted standards of medical practice in a setting appropriate for the patient’s medical needs and condition).

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L32102


**Revision History Information**

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.</td>
<td>• Provider Education/Guidance</td>
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**Associated Documents**

Attachments
N/A

Related Local Coverage Documents
N/A

Related National Coverage Documents
N/A

**Keywords**

N/A