



## Claims & Payment Policy: Leg Stent Coding Updates

Wellcare is reinforcing the prior auth review for **Leg Stent Coding** with an effective date as of **5/1/22**.

### Summary of Policy:

Wellcare is reminding providers to provide complete supporting clinical records, including clinical notes, for prior authorization requests for the following vascular codes, which require a medical necessity review.

CPT Description	CTP Code
ILIAC REVASC	37220
ILIAC REVASC W/STENT	37221
FEM/POPL REVAS W/TLA	37224
FEM/POPL REVAS W/ATHER	37225
FEM/POPL REVASC W/STENT	37226
FEM/POPL REVASC STNT & ATHER	37227
TIB/PER REVASC W/TLA	37228
TIB/PER REVASC W/ATHER	37229
TIB/PER REVASC W/STENT	37230
TIB/PER REVASC STENT & ATHER	37231

### What does this mean for providers?

Providers are currently required to submit all pertinent clinical records when submitting a prior authorization request for these 10 codes.

Providers can review the complete policy at:

<https://www.pahealthwellness.com/providers/resources/clinical-payment-policies.html>.