Lower Extremity Endovascular Procedures

Policy Number: 2026T0602T
Effective Date: October 1, 2026

➲ Instructions for Use

Table of Contents **Page**

Application 1
Coverage Rationale 1
Medical Records Documentation Used for Reviews 2
Definitions 2
Applicable Codes 3
Description of Services 15
Clinical Evidence 16
U.S. Food and Drug Administration 20
References 20
Policy History/Revision Information 22
Instructions for Use 22

Related Commercial/Individual Exchange Policies

- Pneumatic Compression Devices
- Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

Community Plan Policy

- Lower Extremity Endovascular Procedures

Medicare Advantage Policy

- Cardiovascular Diagnostic and Therapeutic Procedures

Application

UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans.

Coverage Rationale

Note: This policy does not apply to upper extremities.

Endovascular revascularization procedures (e.g., stents, angioplasty, and/or atherectomy) are proven and medically necessary for treating non–limb-threatening lower extremity ischemia in individuals with Claudication due to atherosclerotic disease of the aortoiliac and/or femoropopliteal arteries when all the following criteria are met:

- Impaired ability to work and/or perform activities of daily living; and
- **All** the following conservative therapies have been tried and failed:
  - At least 12 weeks of Supervised Exercise Therapy or a Structured Community-Based Exercise Program; and
  - Pharmacological therapy (e.g., lipid-lowering therapy, antihypertensive therapy, antiplatelet therapy, and/or anticoagulants); and
  - Smoking cessation, if applicable

  and
- Ischemic peripheral artery disease with Ankle-Brachial Index of ≤ 0.90; and
- Imaging results of the target vessel (e.g., duplex ultrasound, computed tomography angiography, magnetic resonance angiography, or digital subtraction angiography) show anatomical location and a moderate-severe stenosis (50% or greater); if duplex ultrasound does not demonstrate a stenosis of 50% or greater, another imaging modality will be necessary to demonstrate the extent of stenosis

Retreatment of a previously treated vessel due to in-stent restenosis is proven and medically necessary for treating non–limb-threatening lower extremity ischemia in individuals with Claudication due to atherosclerotic disease of the aortoiliac and/or femoropopliteal arteries when all the following criteria are met:

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

- Recurrent symptoms; and
- Impaired ability to work and/or perform activities of daily living; and
- Imaging results of the previously treated vessel (e.g., duplex ultrasound, computed tomography angiography, magnetic resonance angiography, or digital subtraction angiography) show anatomical location and a moderate-severe stenosis (50% or greater); if duplex ultrasound does not demonstrate a stenosis of 50% or greater, another imaging modality will be necessary to demonstrate the extent of stenosis

Endovascular revascularization procedures (e.g., stents, angioplasty, and/or atherectomy) are proven and medically necessary for treating Chronic Limb-Threatening Ischemia, with the diagnoses listed under Applicable Codes.

Endovascular revascularization procedures (e.g., stents, angioplasty, and/or atherectomy) for treating lower extremity ischemia are unproven and not medically necessary in the following circumstances due to insufficient evidence of efficacy:
- Interventions performed for non–limb-threatening infrapopliteal (e.g., anterior tibial, posterior tibial, or peroneal) artery disease
- Individual is asymptomatic
- To prevent the progression of Claudication to Chronic Limb-Threatening Ischemia
- Transluminal peripheral atherectomy of the iliac artery
- Treatment of a nonviable limb

Endovenous femoropopliteal bypass using a stent graft is unproven and not medically necessary for treating peripheral artery disease due to insufficient evidence of efficacy.

Intravascular lithotripsy for treating lower extremity ischemia is unproven and not medically necessary due to insufficient evidence of efficacy.

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled Medical Records Documentation Used for Reviews.

Definitions

Ankle-Brachial Index: The Ankle-Brachial Index compares the systolic blood pressure in the ankle with the systolic blood pressure in the arm and indicates how well blood is flowing in the limbs. An Ankle-Brachial Index of less than 0.90 indicates peripheral artery disease (Gornik et al., 2024).

Chronic Limb-Threatening Ischemia: A condition characterized by chronic (≥ 2 weeks) ischemic rest pain, nonhealing wound/ulcers, or gangrene in one or both legs attributable to objectively proven arterial occlusive disease. Current nomenclature has evolved from the previous commonly used term of critical limb ischemia to reflect the chronic nature of this condition and its potentially limb-threatening nature with associated risk for amputation and to distinguish it from acute limb ischemia (Gornik et al., 2024).

Claudication: Fatigue, cramping, aching, pain, or other discomfort of vascular origin in the muscles of the lower extremities that is consistently induced by walking and consistently relieved by rest (usually within approximately 10 minutes). Claudication that limits functional status is known as functionally limiting Claudication. Claudication is recognized as a manifestation of chronic symptomatic peripheral artery disease (Gornik et al., 2024).

Structured Community-Based Exercise Program: Components of a Structured Community-Based Exercise Program include all the following (Gornik et al., 2024):
- Program takes place in the personal setting (e.g., home, community, neighborhood) of the individual rather than in a clinical setting
- Qualified health care professional(s) prescribe an exercise regimen similar to that of a Supervised Exercise Therapy program
- Program is self-directed, with the guidance of health care professional(s), and is generally walking based

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

- Individual counseling ensures understanding of how to begin and maintain the program and how to progress the difficulty of the walking (by increasing distance or speed)
- Program may incorporate behavioral change techniques, delivered by in-person or virtual health coaching, or the use of activity monitors
- Program may include periodic supervised exercise sessions to assess progress, reinforce adherence, and make exercise prescription alterations when appropriate

Supervised Exercise Therapy: Components of Supervised Exercise Therapy include all the following (Gornik et al., 2024):

- Primarily focuses on intermittent walking exercise on a treadmill, interspersed with rest periods when pain becomes moderate or severe
- Program takes place in a hospital or outpatient facility and is often placed within a cardiac rehabilitation program setting; can be stand-alone if necessary
- Program is directly supervised by qualified health care professional(s), generally clinical exercise physiologists, or nurses with exercise training experience
- Training is performed for a minimum of 30 to 45 minutes per 60-minute session; supervised sessions are performed at least three times per week for a minimum of 12 weeks
- Training involves intermittent bouts of walking to moderate to maximum Claudication pain or discomfort, alternating with periods of rest with incremental increases as function and symptoms improve; the goal is to progress to 30 to 45 minutes of active walking exercise during each session
- Non-treadmill modalities (e.g., stationary bicycle) can be used when appropriate and continually assessed to determine when or if the individual can use a treadmill

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CPT Code	Description
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CPT Code	Description
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CPT Code	Description
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CPT Code	Description
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CPT Code	Description
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CPT® is a registered trademark of the American Medical Association

Diagnosis Code	Description
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I72.3	Aneurysm of iliac artery
I72.4	Aneurysm of artery of lower extremity
I72.8	Aneurysm of other specified arteries
I72.9	Aneurysm of unspecified site
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery
I74.8	Embolism and thrombosis of other arteries
I74.9	Embolism and thrombosis of unspecified artery
I75.021	Atheroembolism of right lower extremity
I75.022	Atheroembolism of left lower extremity
I75.023	Atheroembolism of bilateral lower extremities

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
I75.029	Atheroembolism of unspecified lower extremity
I75.89	Atheroembolism of other site
I77.2	Rupture of artery
I77.70	Dissection of unspecified artery
I77.72	Dissection of iliac artery
I77.77	Dissection of artery of lower extremity
I77.79	Dissection of other specified artery
I96	Gangrene, not elsewhere classified
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
M86.051	Acute hematogenous osteomyelitis, right femur
M86.052	Acute hematogenous osteomyelitis, left femur
M86.059	Acute hematogenous osteomyelitis, unspecified femur
M86.061	Acute hematogenous osteomyelitis, right tibia and fibula
M86.062	Acute hematogenous osteomyelitis, left tibia and fibula
M86.069	Acute hematogenous osteomyelitis, unspecified tibia and fibula
M86.071	Acute hematogenous osteomyelitis, right ankle and foot
M86.072	Acute hematogenous osteomyelitis, left ankle and foot
M86.079	Acute hematogenous osteomyelitis, unspecified ankle and foot
M86.08	Acute hematogenous osteomyelitis, other sites
M86.09	Acute hematogenous osteomyelitis, multiple sites
M86.10	Other acute osteomyelitis, unspecified site
M86.151	Other acute osteomyelitis, right femur
M86.152	Other acute osteomyelitis, left femur
M86.159	Other acute osteomyelitis, unspecified femur
M86.161	Other acute osteomyelitis, right tibia and fibula
M86.162	Other acute osteomyelitis, left tibia and fibula
M86.169	Other acute osteomyelitis, unspecified tibia and fibula
M86.171	Other acute osteomyelitis, right ankle and foot
M86.172	Other acute osteomyelitis, left ankle and foot
M86.179	Other acute osteomyelitis, unspecified ankle and foot
M86.18	Other acute osteomyelitis, other site
M86.19	Other acute osteomyelitis, multiple sites
M86.20	Subacute osteomyelitis, unspecified site
M86.251	Subacute osteomyelitis, right femur
M86.252	Subacute osteomyelitis, left femur
M86.259	Subacute osteomyelitis, unspecified femur
M86.261	Subacute osteomyelitis, right tibia and fibula
M86.262	Subacute osteomyelitis, left tibia and fibula
M86.269	Subacute osteomyelitis, unspecified tibia and fibula
M86.271	Subacute osteomyelitis, right ankle and foot
M86.272	Subacute osteomyelitis, left ankle and foot
M86.279	Subacute osteomyelitis, unspecified ankle and foot
M86.28	Subacute osteomyelitis, other site
M86.29	Subacute osteomyelitis, multiple sites

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
M86.30	Chronic multifocal osteomyelitis, unspecified site
M86.351	Chronic multifocal osteomyelitis, right femur
M86.352	Chronic multifocal osteomyelitis, left femur
M86.359	Chronic multifocal osteomyelitis, unspecified femur
M86.361	Chronic multifocal osteomyelitis, right tibia and fibula
M86.362	Chronic multifocal osteomyelitis, left tibia and fibula
M86.369	Chronic multifocal osteomyelitis, unspecified tibia and fibula
M86.371	Chronic multifocal osteomyelitis, right ankle and foot
M86.372	Chronic multifocal osteomyelitis, left ankle and foot
M86.379	Chronic multifocal osteomyelitis, unspecified ankle and foot
M86.38	Chronic multifocal osteomyelitis, other site
M86.39	Chronic multifocal osteomyelitis, multiple sites
M86.40	Chronic osteomyelitis with draining sinus, unspecified site
M86.451	Chronic osteomyelitis with draining sinus, right femur
M86.452	Chronic osteomyelitis with draining sinus, left femur
M86.459	Chronic osteomyelitis with draining sinus, unspecified femur
M86.461	Chronic osteomyelitis with draining sinus, right tibia and fibula
M86.462	Chronic osteomyelitis with draining sinus, left tibia and fibula
M86.469	Chronic osteomyelitis with draining sinus, unspecified tibia and fibula
M86.471	Chronic osteomyelitis with draining sinus, right ankle and foot
M86.472	Chronic osteomyelitis with draining sinus, left ankle and foot
M86.479	Chronic osteomyelitis with draining sinus, unspecified ankle and foot
M86.48	Chronic osteomyelitis with draining sinus, other site
M86.49	Chronic osteomyelitis with draining sinus, multiple sites
M86.50	Other chronic hematogenous osteomyelitis, unspecified site
M86.551	Other chronic hematogenous osteomyelitis, right femur
M86.552	Other chronic hematogenous osteomyelitis, left femur
M86.559	Other chronic hematogenous osteomyelitis, unspecified femur
M86.561	Other chronic hematogenous osteomyelitis, right tibia and fibula
M86.562	Other chronic hematogenous osteomyelitis, left tibia and fibula
M86.571	Other chronic hematogenous osteomyelitis, right ankle and foot
M86.572	Other chronic hematogenous osteomyelitis, left ankle and foot
M86.579	Other chronic hematogenous osteomyelitis, unspecified ankle and foot
M86.58	Other chronic hematogenous osteomyelitis, other site
M86.59	Other chronic hematogenous osteomyelitis, multiple sites
M86.60	Other chronic osteomyelitis, unspecified site
M86.651	Other chronic osteomyelitis, right thigh
M86.652	Other chronic osteomyelitis, left thigh
M86.659	Other chronic osteomyelitis, unspecified thigh
M86.661	Other chronic osteomyelitis, right tibia and fibula
M86.662	Other chronic osteomyelitis, left tibia and fibula
M86.669	Other chronic osteomyelitis, unspecified tibia and fibula
M86.671	Other chronic osteomyelitis, right ankle and foot
M86.672	Other chronic osteomyelitis, left ankle and foot
M86.679	Other chronic osteomyelitis, unspecified ankle and foot

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Diagnosis Code	Description
M86.68	Other chronic osteomyelitis, other site
M86.69	Other chronic osteomyelitis, multiple sites
M86.8X0	Other osteomyelitis, multiple sites
M86.8X51	Other osteomyelitis, right thigh
M86.8X52	Other osteomyelitis, left thigh
M86.8X59	Other osteomyelitis, unspecified thigh
M86.8X61	Other osteomyelitis, right lower leg
M86.8X62	Other osteomyelitis, left lower leg
M86.8X69	Other osteomyelitis, unspecified lower leg
M86.8X71	Other osteomyelitis, right ankle and foot
M86.8X72	Other osteomyelitis, left ankle and foot
M86.8X79	Other osteomyelitis, unspecified ankle and foot
M86.8X89	Other osteomyelitis, other site
M86.8X9	Other osteomyelitis, unspecified sites
M86.9	Osteomyelitis, unspecified
Q27.30	Arteriovenous malformation, site unspecified
Q27.32	Arteriovenous malformation of vessel of lower limb
Q27.39	Arteriovenous malformation, other site
Q27.8	Other specified congenital malformations of peripheral vascular system
Q27.9	Congenital malformation of peripheral vascular system, unspecified
Q87.2	Congenital malformation syndromes predominantly involving limbs
S35.511A	Injury of right iliac artery, initial encounter
S35.512A	Injury of left iliac artery, initial encounter
S81.801A	Unspecified open wound, right lower leg, initial encounter
S81.802A	Unspecified open wound, left lower leg, initial encounter
S81.809A	Unspecified open wound, unspecified lower leg, initial encounter
S91.301A	Unspecified open wound, right foot, initial encounter
S91.302A	Unspecified open wound, left foot, initial encounter
S91.309A	Unspecified open wound, unspecified foot, initial encounter
T82.312A	Breakdown (mechanical) of femoral arterial graft (bypass), initial encounter
T82.318A	Breakdown (mechanical) of other vascular grafts, initial encounter
T82.319A	Breakdown (mechanical) of unspecified vascular grafts, initial encounter
T82.338A	Leakage of other vascular grafts, initial encounter
T82.392A	Other mechanical complication of femoral arterial graft (bypass), initial encounter
T82.398A	Other mechanical complication of other vascular grafts, initial encounter
T82.399A	Other mechanical complication of unspecified vascular grafts, initial encounter
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter

Description of Services

Peripheral artery disease (PAD) is a narrowing of vessels due to atherosclerosis that limits blood flow to the limbs. PAD most commonly affects arteries in the legs. While many people with PAD do not have any symptoms, some will have leg pain, numbness, or cramping during exercise that is relieved by rest (Claudication). Risk factors include age, smoking, diabetes, obesity, high blood pressure, and high cholesterol.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

PAD is associated with an increased risk of heart attack and stroke, and, when left untreated, can lead to Chronic Limb-Threatening Ischemia. Treatment options include lifestyle changes, medications, endovascular techniques, and surgery. Endovascular techniques to treat Claudication and Chronic Limb-Threatening Ischemia include balloon dilation (angioplasty), stents, endovenous stent grafts, and atherectomy. The technique chosen for endovascular treatment depends on many factors, including lesion characteristics such as anatomical location, lesion length, and degree of calcification (Gornik et al., 2024; National Heart, Lung, and Blood Institute website). Intravascular lithotripsy may be performed as an adjunct procedure to prepare a vessel for subsequent interventions, such as angioplasty. The technique uses ultrasound waves to disrupt calcium deposits in atherosclerotic plaque (ECRI, 2025).

Clinical Evidence

Endovascular Revascularization

Pegler et al. (2025) conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) comparing bypass surgery and endovascular revascularization in lower limb peripheral artery disease (PAD). The population included individuals with intermittent claudication or chronic limb-threatening ischemia (CLTI) undergoing an infrainguinal revascularization procedure. Overall, 14 cohorts were identified across 13 studies (n = 3,840). The primary outcome was major amputation. Secondary outcomes were mortality, reintervention, 30-day adverse events, and 30-day mortality. There was no significant difference in major amputation or mortality between the bypass and endovascular groups. Individuals who underwent bypass surgery had a significantly lower rate of reintervention. [The BEST-CLI (Best Endovascular Versus Best Surgical Therapy in Patients With Critical Limb Ischemia) trial by Farber et al., noted below, is included in this review.]

The BEST-CLI trial was a prospective, open-label, multicenter, randomized controlled, multidisciplinary superiority trial comparing treatment efficacy, functional outcomes, and quality of life in participants undergoing endovascular or open surgical revascularization. Clinical sites in the United States internationally enrolled 1,830 participants with CLTI and infrainguinal PAD who were candidates for both treatment options. Participants were enrolled into one of two parallel trial cohorts. Participants with a suitable single segment of the great saphenous vein available for potential bypass were randomized in cohort 1 (n = 1,620), while participants without were randomized in cohort 2 (n = 480). The primary outcome was a composite of a major adverse limb event (amputation above the ankle or a major limb reintervention) or death from any cause. In cohort 1, after a median follow-up of 2.7 years, the incidence of a major adverse limb event or death was significantly lower in the surgical group than in the endovascular group. In cohort 2, after a median follow-up of 1.6 years, the outcomes in the two groups were similar. The incidence of adverse events was similar in the two groups. Because investigators were allowed to use their preferred techniques, there was a potential for selection and operator bias. Also, due to funding issues, the follow-up was longer in cohort 1 than cohort 2 (Farber et al., 2022). The study was funded by the National Heart, Lung, and Blood Institute.

A Cochrane systematic review by Fakhry et al. (2018) assessed the effectiveness of endovascular revascularization compared with that of no specific therapy for intermittent claudication or compared with a conservative therapy option such as supervised exercise or drug therapy. The review included 10 studies, with a total of 1,087 individuals. The results showed that endovascular revascularization and supervised exercise are comparable treatment options in improving walking distances and quality of life in individuals with intermittent claudication. Combination therapy (endovascular revascularization with either supervised exercise or drug therapy) seemed to result in greater improvements than those seen with supervised exercise or drug therapy alone. (The ERASE trial by Fakhry et al., 2015, and the CLEVER trial by Murphy et al., 2015, which were previously cited in this policy, are included in this systematic review.)

Malgor et al. (2015) conducted a systematic review to evaluate the efficacy of three treatment strategies for individuals with claudication. The primary outcome measures included mortality, amputation, walking distance, quality of life, patency, and measures of blood flow [Ankle-Brachial Index (ABI)]. The review included eight systematic reviews and 12 trials enrolling 1,548 individuals. Compared with medical management, each of the three treatments (surgery, endovascular therapy, and exercise therapy) was associated with improved walking distance, claudication symptoms, and quality of life. Evidence supporting superiority of one of the three approaches was limited. However, blood flow parameters improved faster and better with both forms of revascularization compared with exercise or medical management. Compared with endovascular therapy, open surgery may be associated with longer length of hospital stay and higher complication rates but resulted in more durable patency (moderate-quality evidence). (The CLEVER trial by Murphy et al., 2012, which was previously cited in this policy, is included in this systematic review.)

Vemulapalli et al. (2015) conducted a systematic review and network meta-analysis to evaluate the comparative effectiveness of medical therapy, supervised exercise training, endovascular intervention, and surgical revascularization in individuals with claudication. The outcomes assessed included walking distance, claudication distance, all-cause

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

mortality, and quality of life. Overall, 35 studies (n = 7,475) were included in the analysis. A meta-analysis of 16 studies suggested that compared with usual care, maximal walking measures were improved to a greater extent with supervised exercise than with medical therapy or endovascular intervention. A meta-analysis of 12 studies demonstrated that exercise training and endovascular intervention, but not cilostazol, improved initial claudication measures compared with usual care. A meta-analysis of 13 studies suggested that although all treatment modalities were superior to usual care, there was no significant difference between modalities in respect to quality of life. The authors noted that the heterogeneity in functional end points, single-arm observational study design, and poor subgroup reporting significantly limit a comparative effectiveness analysis in PAD. Further studies, with attention to study design, standardized efficacy and safety end points, and appropriate subgroup reporting, are needed. (The multicenter CLEVER trial by Murphy et al., 2012, which was previously cited in this policy, is included in this systematic review.)

Iliac Artery Atherectomy

There is insufficient quality evidence to support the safety and efficacy of iliac artery atherectomy. Most study designs are retrospective, single arm, or nonrandomized. Studies include a limited number of individuals and have heterogeneity in design in terms of selection criteria for individuals, lesion characteristics, and devices used, which limit the generalizability of the results.

Atherectomy of the iliac artery is uncommon due to the risk of life-threatening perforation. Lee et al. (2018) assessed the feasibility and safety of orbital atherectomy for the treatment of iliac artery disease using retrospective data from the CONFIRM registries. Patients with at least one iliac artery lesion treated with orbital atherectomy (n = 62; 68 lesions) were compared with patients with at least one superficial femoral artery lesion treated with orbital atherectomy (n = 1,570; 1,809 lesions). Both groups had similar baseline demographics; however, the iliac artery group had a lower prevalence of diabetes. For lesion characteristics, the iliac artery group had shorter lesions and a higher percentage of severely calcified lesions. The procedural complication rate was defined as the composite of flow-limiting dissection, perforation, slow flow, vessel closure, spasm, embolism, or thrombosis. The iliac group had one reported perforation and one reported vessel closure. The procedural complication rate was low in both groups; however, it was significantly lower in the iliac artery group. The authors noted that a randomized trial, with long-term follow-up, is needed to determine the ideal revascularization strategy for individuals with calcified iliac artery disease. The study is limited by the possible bias associated with the observational design.

Endovenous Femoropopliteal Bypass

The DETOUR system uses a novel endovenous femoropopliteal bypass procedure for treating individuals with moderate to severe PAD who have long occlusive lesions of the superficial femoral artery. The system uses stents routed through the femoral vein to restore blood flow to the leg. Clinical trials are ongoing. Larger, high-quality studies evaluating the safety and efficacy of the procedure and comparing the DETOUR system with open surgical bypass are needed.

An ECRI Clinical Evidence Assessment stated that the DETOUR stent graft system appears to be safe and provides a less invasive treatment option for individuals who may otherwise require open bypass surgery. Two available single-arm clinical trials reported that individuals experienced functional improvements 1 to 3 years after treatment with the DETOUR system, with relatively high primary patency and freedom from adverse events, despite their lesion's large size and severity. However, available studies provide very low-quality evidence that does not enable firm conclusions, and no studies compared the DETOUR system with other treatments for long-segment femoropopliteal occlusions and their effect on patient-oriented outcomes, including adverse events, revascularization, and functional status (ECRI, 2023).

The DETOUR 2 investigational device exemption study is an ongoing prospective, single-arm, multicenter, nonrandomized study to evaluate the safety and effectiveness of the DETOUR system for percutaneous femoropopliteal bypass. A total of 202 participants in the United States and Europe with severe femoropopliteal artery disease were enrolled, with 200 treated with the DETOUR system. The prespecified end points included primary safety (composite of major adverse events) at 30 days and effectiveness (primary patency, defined as freedom from restenosis or clinically driven target lesion revascularization) at 1 year. The mean lesion length was 32.7 cm; 96% of lesions were chronic total occlusions, and 70% were severely calcified. Technical success was achieved in 100% of the participants treated. The primary safety end point was met, with a 30-day freedom from major adverse event rate of 93.0%. The 1-year primary effectiveness end point was met, with 72.1% primary patency at 12 months. Primary-assisted and secondary patency were 77.7% and 89.0%, respectively, at 12 months. The 12-month deep venous thrombosis incidence was 4.1%, with no pulmonary emboli reported. Venous quality-of-life scores showed no significant changes from baseline. There was a Rutherford improvement of at least one class through 12 months in 97.2% of participants. The mean ABI also improved from 0.61 to 0.95 during this period. The authors also noted marked improvements in quality-of-life and functional status measures. This study is limited by the lack of randomization, long-term follow-up, and comparison to open surgical bypass (Lyden et al., 2024).

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

DETOUR I was a prospective, single-arm, multicenter, nonrandomized study in 78 participants. Technical and procedural success during the index procedure were both 96%. Primary stent graft patency rates were 81% at year 1 and 79% at year 2. The authors concluded that the DETOUR system was a safe and effective percutaneous alternative to open surgical bypass (Krievins et al., 2020; Halena et al., 2022). Due to the novel transvenous approach of the DETOUR system and risk of thromboembolic complications, venous outcomes were also evaluated in the DETOUR I study. At 1 year, Schneider et al. (2021) reported a low rate of deep venous thrombotic and obstructive complications. The cross-sectional femoral vein luminal area was preserved, and in some participants, the compensatory vein diameter increased over time. After evaluating a subset of participants enrolled at one study site, Rumba et al. (2022) reported 3-year results (this study is included in the ECRI 2023 report). The femoral and popliteal vein remained patent, with no compensatory enlargement, and there were no significant changes in venous symptom scores or physiological function. The study is limited by the single-arm study design.

Intravascular Lithotripsy

Early outcomes with intravascular lithotripsy (IVL) are encouraging and warrant further studies, with longer-term follow-up, to assess the safety, efficacy, and durability of treatment on clinically relevant outcomes, including primary patency, target lesion revascularization, and major unplanned amputation.

An ECRI report evaluated the evidence on the Shockwave Peripheral Intravascular Lithotripsy System for treating PAD. An evidence base of two systematic reviews, one RCT, and five case series showed that Shockwave is safe and works as intended to treat PAD. IVL enables better preparation of calcified femoropopliteal lesions than with conventional percutaneous transluminal angioplasty (PTA) and results in less residual stenosis and fewer flow-limiting dissections during the procedure. However, whether Shockwave results in lower rates of target lesion revascularization or whether it improves quality of life and functional status compared with PTA cannot be determined because the single RCT assessed too few individuals or reported too few events to be conclusive. No studies compared Shockwave with other methods for preparing calcified lesions for treatment. Single-arm studies indicated that Shockwave is effective for treating stenosis in calcified arteries below the knee; however, comparative evidence is not available. How Shockwave compares with other treatments for this indication remains unclear. Additional evidence comparing IVL with other calcium modification techniques and with PTA is needed to validate available findings, support stronger conclusions, and help guide clinician decisions (ECRI, 2025).

A Hayes report evaluated the evidence on IVL using Shockwave balloon-based catheters for treating calcified peripheral artery lesions and found minimal support. Although the evidence suggests that IVL is an effective and reasonably safe procedure for treating PAD, most of the studies reviewed were rated poor or very poor quality due to methodological limitations, small sample sizes, and relatively short durations of follow-up. In most of the studies reviewed, IVL was used in conjunction with or as preparation for another treatment (e.g., drug-coated balloon, stenting); therefore, it is uncertain whether IVL is effective as a stand-alone treatment. Longer-term follow-up is needed to determine the durability of treatment for this condition (Hayes, 2025).

Sagris et al. (2024) performed a systematic review and meta-analysis to evaluate the safety and efficacy of IVL as a stand-alone treatment or in preparing highly calcified peripheral arteries prior to stenting for PAD. A total of 20 prospective and retrospective single-arm studies (n = 1,223) were included in the analysis. The primary outcomes were overall success rate, changes in lumen area, and vessel diameter. Secondary end points were periprocedural complications, including dissections, perforations, distal embolization, thrombus, no-reflow, and abrupt closure. Results showed a high procedural success rate, improved luminal diameter, and a reduction in vessel diameter stenosis. An analysis of secondary end points found low rates of dissection and rare cases of abrupt vessel closure, no-reflow phenomenon, perforations, thrombus formation, and distal embolization. A subgroup analysis of transcatheter aortic valve implantation, with IVL assistance, is out of scope for this policy. While IVL is a promising technique for plaque modification, future prospective studies are needed to validate these results. (This systematic review is included in the ECRI report noted above.)

Wong et al. (2022) performed a systematic review and meta-analysis to evaluate the safety and efficacy of IVL in lower extremity PAD. Individuals' characteristics, lesion calcification, pre-IVL and post-IVL diameter stenosis, complications, and stent rates were evaluated. Nine studies were included (681 individuals; 769 lesions). Most data were pulled from small, single-arm observational studies. The overall quality of the included studies was fair, indicating a moderate risk of bias. The majority of individuals had severely calcified arteries, with an overall pooled rate of 75.53%. Comparison between pre-IVL and post-IVL diameter stenosis showed a reduction of 59.3%. Vascular complications were rare, with flow-limiting or type D/E/F dissection occurring in only 1.25% of cases. The overall pooled event rate for stent placement was 15.89%. The authors concluded that IVL is a promising approach for calcified plaque modification in lower extremity PAD; however, the routine use of this procedure is not recommended. Further high-quality studies are needed to determine the

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

efficacy of IVL for different clinical characteristics, such as lesion location and length, and to compare with other treatment modalities such as atherectomy. (This systematic review is included in the ECRI report noted above.)

The Disrupt PAD III multicenter RCT compared the outcomes of vessel preparation using IVL (n = 153) or PTA (n = 153) prior to drug-coated balloon treatment or stent placement in participants with heavily calcified femoropopliteal lesions. The primary end point was procedural success (residual stenosis ≤ 30% without flow-limiting dissection) prior to balloon treatment or stenting. The powered secondary end point was primary patency at 1 year. Mid-term results suggest that IVL may be a superior vessel preparation procedure compared with PTA in individuals with heavily calcified femoropopliteal arteries. IVL achieved significantly higher primary patency at 1 and 2 years and required less provisional stenting, embolic protection, and lower maximum balloon inflation pressures. These results demonstrate that IVL is a safe and durable therapy for preparing calcified peripheral arteries and reduces the need for adjunctive treatments like stenting. Major adverse events were low and similar between the groups at 1 year. No significant difference was seen in freedom from clinically driven target lesion revascularization or restenosis at 1 year. Study limitations include the intermediate duration of follow-up, single-blinded design, moderate attrition, and manufacturer sponsorship. Additional well-designed studies, with longer-term follow-up and larger sample sizes, are needed to confirm durability (Tepe et al., 2022; Tepe et al., 2021). (This RCT is included in the ECRI and Hayes reports noted above; Sagris et al., 2024; Wong et al., 2022.)

Clinical Practice Guidelines

American College of Cardiology (ACC)/American Heart Association (AHA)/Society for Cardiovascular Angiography and Interventions (SCAI)/Society of Interventional Radiology (SIR)/Society for Vascular Medicine (SVM)

In a multisociety report, Bailey et al. (2019) published appropriate use criteria for peripheral artery interventions. The panel recommended that patients with PAD and intermittent claudication should first be treated with guideline-directed medical therapy and structured exercise. Revascularization should be considered only in patients who continue to have lifestyle-limiting claudication despite these noninvasive approaches. In situations in which medical therapy is insufficient, the selection of surgical or endovascular revascularization depends on several factors, including patient risk level and lesion characteristics, such as anatomical location, length, and presence of stenosis or occlusion. The panel also addressed secondary treatment options for lower extremity disease and considers endovascular procedures for in-stent restenosis appropriate in patients with recurrent symptoms. The criteria indicate that atherectomy of the iliac artery is rarely appropriate in all clinical scenarios. This rating is due to an absence of data supporting the use of this technology compared with balloon angioplasty and stenting. For patients with CLTI, both endovascular and surgical revascularization procedures are considered appropriate and critical for the reduction of high morbidity and mortality rates associated with limb loss and cardiovascular events.

American Heart Association (AHA)/American College of Cardiology (ACC)

The AHA/ACC guidelines for the management of lower extremity PAD address revascularization procedures for atherosclerotic and thrombotic disease and include diseases of the aortoiliac, femoropopliteal, and infrapopliteal arterial segments. The guidelines were developed in collaboration with the American Association of Cardiovascular and Pulmonary Rehabilitation, American Podiatric Medical Association, Association of Black Cardiologists, Society for Cardiovascular Angiography and Interventions, SVM, Society for Vascular Nursing, Society for Vascular Surgery (SVS), SIR, and Vascular & Endovascular Surgery Society (Gornik et al., 2024).

International Working Group on the Diabetic Foot (IWGDF)

The IWGDF guidelines on the prevention and management of diabetes-related foot disease state that in patients with either an ankle pressure of < 50 mm Hg or an ABI of < 0.4, consider urgent vascular imaging, always with detailed visualization of below-the-knee and pedal arteries and revascularization. Also consider urgent assessment for revascularization if the toe pressure is < 30 mm Hg or peripheral transcutaneous oxygen pressure is < 25 mm Hg. Clinicians might also consider revascularization at higher pressure levels in patients with extensive tissue loss or infection. The guidelines also state that the role of lithotripsy in the general population with CLTI and, in particular, those with diabetes remains to be clarified (Schaper et al., 2024).

National Institute for Health and Care Excellence (NICE)

A NICE guideline states that IVL for calcified arteries in PAD should only be used with special arrangements for clinical governance, consent, and audit or research. There is a moderate amount of evidence suggesting that the procedure is safe, but evidence on long-term outcomes is needed (NICE, 2024).

A separate NICE guideline offers recommendations on the management of PAD (NICE, 2012; updated 2020).

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Society for Vascular Surgery (SVS)

The SVS guidelines provide a comprehensive set of recommendations for the evaluation and management of CLTI. Vein bypass may be preferred for average-risk patients with advanced limb threat and high-complexity disease, while those with less complex anatomy, intermediate-severity limb threat, or high patient risk may be favored for endovascular intervention. All patients with CLTI should be afforded best medical therapy, including the use of antithrombotic, lipid-lowering, antihypertensive, and glycemic control agents as well as counseling on smoking cessation, diet, exercise, and preventive foot care (Conte et al., 2019).

In 2015, the SVS published a comprehensive set of recommendations for the evaluation and management of asymptomatic PAD and intermittent claudication (Conte et al., 2015). First-line treatment approaches for intermittent claudication include patient education, risk factor reduction, smoking cessation, optimization of medical therapies, and exercise. Revascularization in appropriately selected patients can relieve pain and improve function and health-related quality of life. Decision-making is complex and individualized, based on symptom severity, comorbid conditions, response to exercise/optimization of medical therapies, anatomical pattern of disease, and risk/benefit of the proposed intervention. A 2025 focused update (Conte et al., 2025; Saadi et al., 2025) presented the following statements regarding revascularization:

- SVS recommends against performing revascularization in patients with asymptomatic PAD or intermittent claudication based solely on hemodynamic measurements or imaging findings. There is no evidence to support the use of revascularization for modifying disease progression. Level of recommendation: grade 1; level of evidence: C.
- In patients with intermittent claudication and no signs of CLTI, SVS suggests against the use of infrapopliteal revascularization, either alone or in combination with a more proximal intervention, due to lack of evidence of benefit and potential harm. Level of recommendation: grade 2; level of evidence: C.
- In patients with intermittent claudication who are selected for an endovascular intervention to treat femoropopliteal disease and have lesions exceeding 5 cm in length, SVS recommends the use of either bare metal stents or drug-eluting devices (balloons or stents) over plain balloon angioplasty to reduce the risk of restenosis and need for reintervention. Level of recommendation: grade 1; level of evidence: B.

Additionally, the guidelines note that data on the effectiveness of specialized balloons, such as IVL, are limited and require future study.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA has approved several stents and stent systems for the treatment of peripheral artery disease of the lower extremities. Refer to the following website (use product codes NIO and NIP) for more information: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm. (Accessed November 18, 2025)

The FDA has approved several catheter systems used for the treatment of peripheral artery disease of the lower extremities. Refer to the following website (use product code DQY) for more information: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed November 18, 2025)

In June 2020, the DETOUR system (Endologix) received FDA designation as a Breakthrough Device. The system consists of the TORUS stent graft and the ENDOCROSS™ Device. On June 7, 2023, the FDA granted full premarket approval of the DETOUR System for percutaneous revascularization in patients with symptomatic femoropopliteal lesions from 200 mm to 460 mm in length with chronic total occlusions (100 mm to 425 mm) or diffuse stenosis of > 70% who may be considered suboptimal candidates for surgical or alternative endovascular treatments. The DETOUR System or any of its components are not for use in the coronary and cerebral vasculature. Refer to the following website for more information: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P220021. (Accessed November 18, 2025)

For information on intravascular lithotripsy systems cleared for marketing, refer to the following website (use product code PPN): https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed November 18, 2025)

References

Azene EM, Steigner ML, Aghayev A, et al.; Expert Panel on Vascular Imaging. ACR Appropriateness Criteria® Lower extremity arterial claudication-imaging assessment for revascularization: 2022 update. J Am Coll Radiol. 2022 Nov;19(11S):S364-S373.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Bailey SR, Beckman JA, Dao TD, et al. ACC/AHA/SCAI/SIR/SVM 2018 Appropriate use criteria for peripheral artery intervention: a report of the American College of Cardiology Appropriate Use Criteria Task Force, American Heart Association, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, and Society for Vascular Medicine. J Am Coll Cardiol. 2019 Jan 22;73(2):214-237.

Conte MS, Aulivola B, Barshes NR, et al. Society for Vascular Surgery clinical practice guideline on the management of intermittent claudication: focused update. J Vasc Surg. 2025 Aug;82(2):303-326.e11.

Conte MS, Bradbury AW, Kolh P, et al.; GVG Writing Group. Global vascular guidelines on the management of chronic limb-threatening ischemia. J Vasc Surg. 2019 Jun;69(6S):3S-125S.e40. Erratum in: J Vasc Surg. 2019 Aug;70(2):662.

Conte MS, Pomposelli FB, Clair DG, et al.; Society for Vascular Surgery Lower Extremity Guidelines Writing Group. Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: management of asymptomatic disease and claudication. J Vasc Surg. 2015 Mar;61(3 Suppl):2S-41S. Erratum in: J Vasc Surg. 2015 May;61(5):1382.

ECRI. Detour System (Endologix, LLC) for treating peripheral artery disease. Clinical Evidence Assessment. 2023 Dec.

ECRI. Shockwave Peripheral Intravascular Lithotripsy System (Shockwave Medical, Inc.) for treating peripheral artery disease. Evidence Analysis. 2025 Oct.

Fakhry F, Fokkenrood HJP, Spronk S, et al. Endovascular revascularisation versus conservative management for intermittent claudication. Cochrane Database Syst Rev. 2018 Mar 8;3(3):CD010512.

Fakhry F, Spronk S, van der Laan L, et al. Endovascular revascularization and supervised exercise for peripheral artery disease and intermittent claudication: a randomized clinical trial. JAMA. 2015 Nov 10;314(18):1936-44.

Farber A, Menard MT, Conte MS, et al.; BEST-CLI Investigators. Surgery or endovascular therapy for chronic limb-threatening ischemia. n Engl J Med. 2022 Dec 22;387(25):2305-2316.

Gornik HL, Aronow HD, Goodney PP, et al. 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the management of lower extremity peripheral artery disease: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2024 Jun 18;83(24):2497-2604.

Halena G, Krievins DK, Scheinert D, et al. Percutaneous femoropopliteal bypass: 2-year results of the DETOUR System. J Endovasc Ther. 2022 Feb;29(1):84-95.

Hayes. Evolving Evidence Review. Intravascular lithotripsy system with Shockwave balloon-based catheters (Shockwave Medical Inc.) for calcified peripheral arterial lesions. October 2025.

Krievins DK, Halena G, Scheinert D, et al. One-year results from the DETOUR I trial of the PQ Bypass DETOUR System for percutaneous femoropopliteal bypass. J Vasc Surg. 2020 Nov;72(5):1648-1658.e2.

Lee MS, Martinsen BJ, Hollowed J, et al. Acute procedural outcomes of orbital atherectomy for the treatment of iliac artery disease: sub-analysis of the CONFIRM registries. Cardiovasc Revasc Med. 2018 Jul;19(5 Pt A):503-505.

Lyden SP, Soukas PA, De A, et al.; DETOUR2 Trial Investigators. DETOUR2 trial outcomes demonstrate clinical utility of percutaneous transmural bypass for the treatment of long segment, complex femoropopliteal disease. J Vasc Surg. 2024 Jun;79(6):1420-1427.e2.

Malgor RD, Alahdab F, Elraiyah TA, et al. A systematic review of treatment of intermittent claudication in the lower extremities. J Vasc Surg. 2015 Mar;61(3 Suppl):54S-73S. Erratum in: J Vasc Surg. 2015 May;61(5):1382.

Murphy TP, Cutlip DE, Regensteiner JG, et al. Supervised exercise, stent revascularization, or medical therapy for claudication due to aortoiliac peripheral artery disease: the CLEVER study. J Am Coll Cardiol. 2015 Mar 17;65(10):999-1009. Erratum in: J Am Coll Cardiol. 2015 May 12;65(18):2055.

Murphy TP, Cutlip DE, Regensteiner JG, et al.; CLEVER Study Investigators. Supervised exercise versus primary stenting for claudication resulting from aortoiliac peripheral artery disease: six-month outcomes from the claudication: exercise versus endoluminal revascularization (CLEVER) study. Circulation. 2012 Jan 3;125(1):130-9.

National Heart, Lung, and Blood Institute (NHLBI) website. Peripheral artery disease. Updated March 2022. https://www.nhlbi.nih.gov/health-topics/peripheral-artery-disease. Accessed July 23, 2025.

National Institute for Health and Care Excellence (NICE). CG147. Peripheral arterial disease: diagnosis and management. August 2012. Updated December 2020.

National Institute for Health and Care Excellence (NICE). IPG 780. Intravascular lithotripsy for calcified arteries in peripheral arterial disease. January 2024.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Pegler AH, Thanigaimani S, Pai SS, et al. Meta-analysis of randomised controlled trials comparing bypass and endovascular revascularisation for peripheral artery disease. Vasc Endovascular Surg. 2025 Apr;59(3):277-287.

Rumba R, Krievins D, Savlovskis J, et al. Long term clinical and functional venous outcomes after endovascular transvenous femoro-popliteal bypass. Int Angiol. 2022 Dec;41(6):509-516.

Saadi S, Nayfeh T, Rajjoub R, et al. A systematic review supporting the Society for Vascular Surgery guideline update on the management of intermittent claudication. J Vasc Surg. 2025 Aug;82(2):688-697.

Sagris M, Ktenopoulos N, Soulaidopoulos S, et al. Intravascular lithotripsy in peripheral lesions with severe calcification and its use in TAVI procedure - a meta-analysis. Vasa. 2024 Jul;53(4):263-274.

Schaper NC, van Netten JJ, Apelqvist J, et al.; IWGDF Editorial Board. Practical guidelines on the prevention and management of diabetes-related foot disease (IWGDF 2023 update). Diabetes Metab Res Rev. 2024 Mar;40(3):e3657.

Schneider PA, Krievins DK, Halena G, et al. Venous outcomes at 1 year after using the femoral vein as a conduit for passage of percutaneous femoropopliteal bypass. J Vasc Surg Venous Lymphat Disord. 2021 Sep;9(5):1266-1272.e3.

Tepe G, Brodmann M, Bachinsky W, et al. Intravascular lithotripsy for peripheral artery calcification: mid-term outcomes from the randomized Disrupt PAD III trial. J Soc Cardiovasc Angiogr Interv. 2022 May 19;1(4):100341.

Tepe G, Brodmann M, Werner M, et al.; Disrupt PAD III Investigators. Intravascular lithotripsy for peripheral artery calcification: 30-day outcomes from the randomized Disrupt PAD III trial. JACC Cardiovasc Interv. 2021 Jun 28;14(12):1352-1361.

Vemulapalli S, Dolor RJ, Hasselblad V, et al. Comparative effectiveness of medical therapy, supervised exercise, and revascularization for patients with intermittent claudication: a network meta-analysis. Clin Cardiol. 2015 Jun;38(6):378-86.

Wong CP, Chan LP, Au DM, et al. Efficacy and safety of intravascular lithotripsy in lower extremity peripheral artery disease: a systematic review and meta-analysis. Eur J Vasc Endovasc Surg. 2022 Mar;63(3):446-456.

Policy History/Revision Information

Date	Summary of Changes

10/01/2026	**Applicable Codes**
	• Updated list of applicable ICD-10 diagnosis codes to reflect annual edits:
	  ○ Added M86.8X51, M86.8X52, M86.8X59, M86.8X61, M86.8X62, M86.8X69, M86.8X71, M86.8X72, M86.8X79, and M86.8X89
	  ○ Removed M86.8X5, M86.8X6, M86.8X7, and M86.8X8
	Supporting Information
	• Archived previous policy version 2026T0602S

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.