

March 11, 2020

Wendy MacLeod MD
National Medical Director
United Healthcare
9900 Bren Road East
Minnetonka, MN 55343

Re: Lower Extremity Vascular Angiogram Prior Authorization Program

Dear Dr. MacLeod,

Thank you for your letter dated December 3, 2019 in regards to your position on the prior authorization requirement for lower extremity angiography. This was in response to our request to allow patients with critical limb ischemia to have their procedure without prior-authorization. Critical limb ischemia patients are at extremely high risk for progression of disease and limb loss. Delays in care and interventions, even 3-days, would significantly jeopardize our ability for a successful intervention and limb salvage. Therefore, as a society who predominately cares for this serious patient population, we would implore that these patients be treated in a clinically expedient manner and without a policy mandated delay.

Patients presenting with critical limb ischemia are faced with a very serious condition that requires expedient care, in some cases within 24 hours to ensure optimal outcomes. When patients have tissue loss or ulcers, failure to adequately supply blood can result in irreparable damage that results in amputations. Given the significance of this disease burden, there is very little clinical data looking at delayed management as it is standard of care to proceed with urgent evaluation and intervention. In our prior letter, we cited literature that shows revascularization within 30 days of diagnosis for patients with critical limb ischemia have a higher rate of limb salvage ,however, that was from initial diagnosis to treatment. At the time of intervention, they have often been delayed in evaluation by interventionalists and further delay, even 3 days, once the acuity has been recognized will negatively impact the well-being, health, and limb salvage success for these patients.

In regards to patients with claudication, the natural history of claudication does allow for more time than those with critical limb ischemia. That being said, these patients usually have had a protracted course prior to the diagnosis of intermittent claudication and many have already suffered the consequences. This includes reduced or inability to work with resultant loss wages, difficulty with activities of daily living and an overall poor quality of activity. While they are not as clinically severe as critical limb ischemia, we would recommend a priority authorization for possible diagnostic and interventional evaluation

Our goal is to provide expedient high-level care that will allow our mutual patients to maintain or return to their baseline functional ability. While a delay may not affect certain patient

populations, others could be severely and significantly impacted by a 3-day delay in treatment. Additionally, having a required delay in prior authorization process for lower extremity angiogram is not the current standard from other private payors or CMS (L36767). We thank you for your consideration and hope we will be able to continue to provide a high level of care to these patients in the timely fashion necessary for the best clinical outcome. If you should have any questions, please don't hesitate to contact via email at trishacrishock@gmail.com

Sincerely,

Francesco Aiello, MD
SVS Coding Committee

Ravi Hasanadka, MD
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cc: Matthew Sideman, MD
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J Vasc Surg. 2011;54:1668-78