



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Submitting prior authorization requests with InterQual® Connect guidelines

Best practices for providers

For Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

April 2026

In this document

- About InterQual® Connect guidelines 1
- How to request prior authorization for procedure codes with InterQual Connect questions 1
- Additional information about prior authorization requests 4

About InterQual® Connect guidelines

When you request prior authorization in the e-referral system for Medicare Advantage and BCN commercial members, you may be required to complete a series of InterQual Connect guideline questions. Completing and submitting the questions helps to speed up the process for the authorization.

Continue reading for instructions and best practices for completing InterQual Connect guideline questions in the e-referral system. We recommend that you have the patient's medical record ready to reference as you answer the guideline questions.

How to request prior authorization for procedure codes with InterQual Connect questions

1. Begin by clicking the InterQual Criteria link.

Outpatient Authorization Details My List [Printer-Friendly](#)

Reference
Status 2 - Pending Decision

Actions

1. The Non-Coronary Vascular Stents WPS GuideLine is required [InterQual Criteria \(Restricted Guideline\)](#)

Patient Information

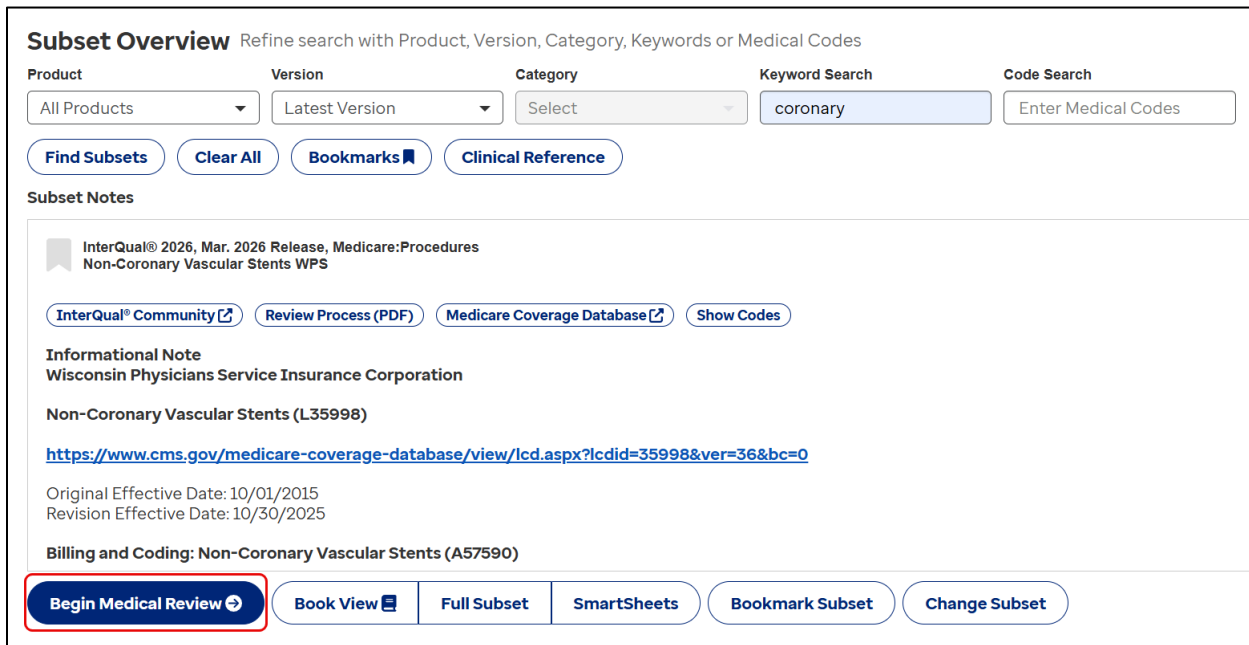
Patient	Plan	Address
Birthdate	Group ID	
Age	Patient ID	PCP Name, ID

Decision Support

InterQual® Criteria:

Taken By	Diagnosis / Procedure	Subset	Product	Version	Criteria Status	Created Date	Last Activity
No InterQual Guidelines to display.							

- The Subset Overview screen will launch. Click the *Begin Medical Review* button to continue.



Subset Overview Refine search with Product, Version, Category, Keywords or Medical Codes

Product: All Products | Version: Latest Version | Category: Select | Keyword Search: coronary | Code Search: Enter Medical Codes

Find Subsets | Clear All | Bookmarks | Clinical Reference

Subset Notes

InterQual® 2026, Mar. 2026 Release, Medicare:Procedures
Non-Coronary Vascular Stents WPS

InterQual® Community | Review Process (PDF) | Medicare Coverage Database | Show Codes

Informational Note
Wisconsin Physicians Service Insurance Corporation

Non-Coronary Vascular Stents (L35998)

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35998&ver=36&bc=0>

Original Effective Date: 10/01/2015
Revision Effective Date: 10/30/2025

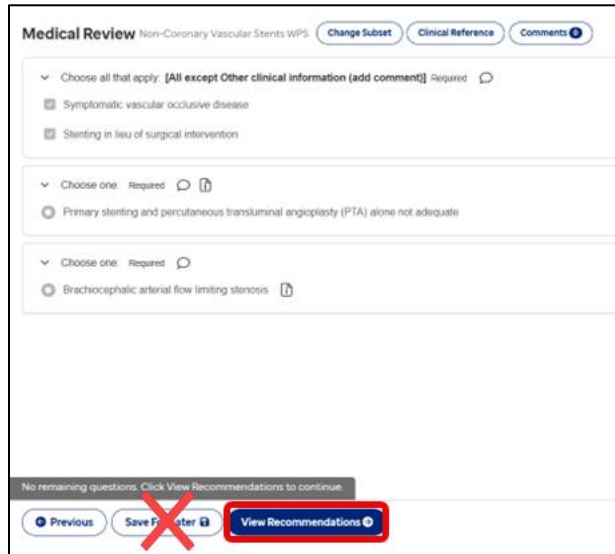
Billing and Coding: Non-Coronary Vascular Stents (A57590)

Begin Medical Review | Book View | Full Subset | SmartSheets | Bookmark Subset | Change Subset

- Complete all the questions as they appear.

Important: It's critical that you don't click *Save For Later* at any point during the process as it will cause your request to pend even if criteria are met. Fully answer all the questions in one sitting.

- Once you've answered all the questions, the *View Recommendations* button will appear as an option. Click it to continue.



Medical Review Non-Coronary Vascular Stents WPS Change Subset Clinical Reference Comments

Choose all that apply. [All except Other clinical information (add comment)] Required

- Symptomatic vascular occlusive disease
- Stenting in lieu of surgical intervention

Choose one Required

- Primary stenting and percutaneous transluminal angioplasty (PTA) alone not adequate

Choose one Required

- Brachiocephalic arterial flow limiting stenosis

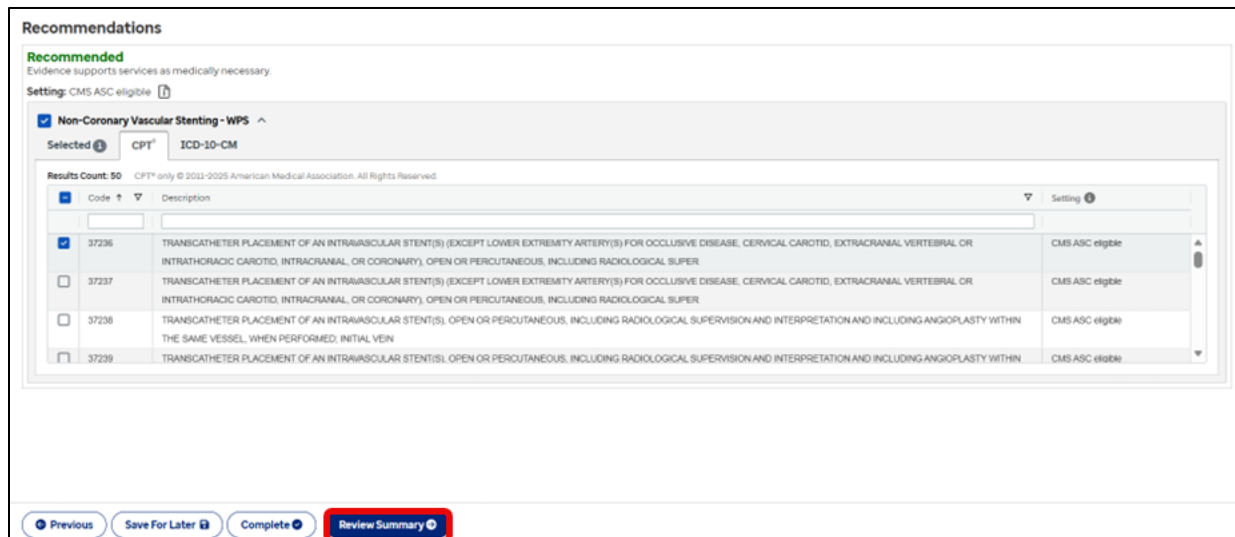
No remaining questions. Click View Recommendations to continue.

Previous Save For Later View Recommendations

5. The *Recommendations* screen will appear.

Important: Make sure **both** the recommended procedure **and** appropriate procedure code are selected.

Click *Review Summary*.



Recommendations

Recommended
Evidence supports services as medically necessary.
Setting: CMS ASC eligible

Non-Coronary Vascular Stenting - WPS ^

Selected CPT ICD-10-CM

Results Count: 50 CPT® only © 2011-2025 American Medical Association. All Rights Reserved.

Code	Description	Setting
<input checked="" type="checkbox"/> 37236	TRANSSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S)) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL OR CORONARY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPER	CMS ASC eligible
<input type="checkbox"/> 37237	TRANSSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S)) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL OR CORONARY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPER	CMS ASC eligible
<input type="checkbox"/> 37238	TRANSSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED, INITIAL VEIN	CMS ASC eligible
<input type="checkbox"/> 37239	TRANSSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN	CMS ASC eligible

Previous Save For Later Complete Review Summary

6. Review the information in the *Review Summary* page, then click *Complete* to submit. As a reminder, do **not** click *Save for Later* as this will cause your request to pend even if criteria are met and will delay the processing of your request.



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Review Summary Configurations Print

InterQual® Review Summary

Criteria Status: **Criteria Met**

Patient Name: _____
 Date of Birth: _____
 Created By: _____
 Created Date: 04/08/2026, 03:29 PM EDT
 Review Status: In Primary
 Completed Date: _____
 Facility: Michigan BCBS Payer

Setting: CMS ASC eligible
 Criteria Product: Medicare:Procedures
 Criteria Subset: Non-Coronary Vascular Stents WPS
 Criteria Version: InterQual® 2026, Mar. 2026 Release
 Determination #: L35998, A57590

Recommendations ✓ indicates reviewer selection

RECOMMENDED Evidence supports services as medically necessary.

✓ **Non-Coronary Vascular Stenting - WPS**
 ✓ CPT 37236 TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPER.
 Benchmark Setting: CMS ASC eligible, Source: CMS

Medical Review Q & A

Choose all that apply: [All except Other clinical information (add comment)]

Symptomatic vascular occlusive disease
 Stenting in lieu of surgical intervention
 Other clinical information (add comment)

Additional information about prior authorization requests

Refer to the following resources on authorizations.bcbsm.com for more information:

- [Preview questionnaires and medical necessity criteria](#) — For medical necessity criteria and any requirements in the e-referral system, including which services require the completion of InterQual Connect questions.
- The [e-referral User Guide](#) — For everything you need to know about submitting and checking the status of referral and authorization requests.