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LCD L30827 - Non-Invasive Peripheral Arterial Studies Print

Contractor Information

Contractor Name:

Novitas Solutions, Inc.

Contractor Number(s):

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Contractor Type:

MAC Part A & B

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LCD Information

Document Information

LCD ID Number

L30827

LCD Title

Non-Invasive Peripheral Arterial Studies

Contractor's Determination Number

L30827

AMA CPT/ADA CDT Copyright Statement

Primary Geographic Jurisdiction

Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware

Oversight Region

Central Office

Original Determination Effective Date

For services performed on or after 07/22/2010

Original Determination Ending Date

N/A

Revision Effective Date

For services performed on or after 04/02/2012

Revision Ending Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

CMS Internet-Only Manual (IOM) Publication 100-3, Chapter 1, Section 20.14 is specific to plethysmography.

CMS Internet-Only Manual (IOM) Publication 100-3, Chapter 1, Section 220.5 is specific to ultrasound diagnostic procedures.

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Noninvasive peripheral arterial studies include two types of testing, noninvasive physiologic studies and duplex scans. Noninvasive physiologic studies are functional measurement procedures that include Doppler ultrasound studies, blood pressure measurements, transcutaneous oxygen tension measurements, or plethysmography. These studies are useful to confirm and document arterial insufficiency.

Duplex scanning is a technique that combines the information provided by two-dimensional imaging with pulsed-wave doppler techniques which allows sampling of a particular imaged blood vessel with analysis of the blood flow velocity.

Vascular studies include supervision of the study and interpretation of study results with copies for patients records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided. (A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted radiologic standards.) These studies also include patient care required to perform the studies. The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reimbursable. Doppler procedures performed with zero-crossers (e.g., analog (strip chart recorder) analysis) are also included in the office visit.

Indications

Non-invasive vascular studies are considered medically necessary if the ordering physician has reasonable expectation that their outcomes will potentially impact the clinical management of the patient. Further, it is expected that the studies are not redundant of other diagnostic procedures that must be performed.

Noninvasive peripheral arterial examinations are performed to establish the level and/or degree of peripheral arterial occlusive disease. At this time, Medicare does not have a covered benefit for screening for peripheral arterial occlusive disease, in the absence of signs or symptoms of peripheral arterial occlusive disease, even in the presence of risk factors such as smoking, hypertension, hypercholesterolemia, or diabetes mellitus.

Studies may be considered eligible for coverage as medically necessary if one or more of the following criteria are present:

To ensure appropriate detection in the diabetic patient, or the patient who has significant peripheral neuropathy from other causes: symptoms of leg ischemia such as typical claudication (reproducible leg pain that occurs with exercise, does not occur at rest, and is relieved within 10 minutes of rest); or more atypical symptoms such as fatigue, heaviness, tiredness, or cramping in the leg muscles, that occur during activity and resolve with cessation of the activity and rest. Another atypical presentation may be the inability to walk at normal speed (slowing of gait).

Rest pain, (typically including the forefoot), usually associated with absent pulses, which may become increasingly severe with elevation and may diminish with placement of the extremity in a dependent position. ICD-9-CM code 729.5, Pain in limb, should only be billed when the patient's symptoms meet this criteria.

Signs of vascular compromise on physical examination may include findings such as the presence of a femoral bruit, absent or reduced pulses, cool skin in the symptomatic patient, an abnormal ankle brachial index (ABI), wounds or ulcers that are not healing normally with proper treatment, and in the diabetic patient - dependent rubor and / or pallor of the foot with elevation, absence of hair growth, and dystrophic toenails.

Tissue loss such as gangrene or pre-gangrenous changes of the extremity, or ischemic ulceration of the extremity occurring with reduced or absent pulses.

Aneurysmal disease of the extremity.

Evidence of thromboembolic events in an extremity.

Blunt or penetrating trauma (including complications of diagnostic and/or therapeutic procedures) of an extremity.

For radial artery evaluation in a patient scheduled for coronary artery bypass graft (CABG) surgery (ICD-9-CM code V72.83, Other specified pre-operative examination, should only be billed for this indication).

Post-interventional follow-up duplex studies are typically limited in scope, and are unilateral in nature. Consequently, the "complete" duplex scan codes (CPT codes 93925 or 93930) should seldom be used, while the "unilateral or limited study" codes (i.e.CPT codes 93926 or 93931) should typically be used for follow-up testing.

Indications for repeat arterial studies include indications for appropriate follow-up care, and indications when recurrent or new disease is suspected:

Following revascularization surgery, a baseline study may be performed prior to discharge.

In the immediate post-operative period, patients may be studied if re-established pulses are lost, become equivocal, or if the patient develops related signs and/or symptoms of ischemia with impending repeat intervention.

Following lower extremity bypass surgeries, a study is usually performed at three month intervals during the first year, six month intervals during the second year and annually thereafter. If there is a change such that the patient develops signs and/or symptoms of ischemia as described in the overall indications, above, more frequent testing may be considered eligible for coverage.

Post-angioplasty follow-up studies are typically performed at three months, six months, one year, and annually thereafter. More frequent studies may be indicated if there is clinical evidence of recurrence of signs or symptoms of vascular disease.

In order for a noninvasive physiologic study to be reimbursed by Medicare, it must include a Doppler waveform analysis or volume plethysmography.

The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and physician performing and interpreting the study. Consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain documentation for post payment audit. A vascular diagnostic study may be personally performed by a physician or a technologist.

All noninvasive vascular diagnostic studies performed by a technologist must be either (1) performed by, or under the direct supervision of, a technologist who has demonstrated competency by being credentialed in vascular technology, (2) performed under the direct supervision of a physician capable of demonstrating training and experience specific to the study performed, or (3) performed in a facility accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or the Non-Invasive Vascular Ultrasound Accreditation of the American College of Radiology (ACR). Examples of appropriate certification include the Registered Vascular Technologist (RVT) credential and the

Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology. Direct supervision requires the credentialed individual's presence in the facility and immediate availability to the technologist performing the study. These requirements apply wherever the studies are performed, using fixed or mobile units.

Coverage Limitations

Screening of an asymptomatic patient is not covered. For example, because diabetic patients may have altered presentations that are poorly described by current codes, the diabetes codes are available. However, it is expected that the medical records will clearly document what signs and/or symptoms of disease were present, beyond simply the diagnosis of diabetes, to support the medical necessity of the testing. These records are subject to review if requested by the contractor.

The following methods are not reimbursed for these CPT codes:

Mechanical Oscillometry

Inductance Plethysmography

Capacitance Plethysmography

Photoelectric Plethysmography

Ankle/Brachial Indices (ABI) (considered part of the physical examination)

Performance of both the physiologic studies and duplex study during the same encounter is usually not medically necessary. Duplex scanning and physiologic studies will be covered during the same encounter for initial evaluations only if the physiologic studies are abnormal and/or to evaluate vascular trauma, thromboembolic events or aneurysmal disease. If, upon review, it is determined that both studies are not medically necessary, the duplex scan will be denied. For repeat studies, duplex scanning is the preferred method. If, upon review, is determined that both studies are not medically necessary, the repeat physiologic study will be denied.

Coverage of noninvasive peripheral arterial studies is limited to the vascular distribution specific to the presenting symptoms (e.g., duplex scan of the upper extremities for symptoms of upper extremity obstruction). Findings of obstruction or occlusion in other areas of the body do not warrant peripheral testing without signs and/or symptoms specific to the extremity (e.g., a finding of a pre-cerebral occlusion does not warrant upper extremity testing in the absence of upper extremity symptoms).

Noninvasive peripheral arterial testing will not be covered when performed based on internal protocols of the testing facility. The procedures must be specifically ordered by the physician treating the patient and the medical necessity criteria specified in this LCD must be met.

In general, noninvasive arterial studies of the extremities are indicated when endovascular or other invasive surgical correction is contemplated, but not to follow noninvasive medical treatment regimens

or to monitor unchanged symptomatology. The latter may be followed with physical findings, including ankle/brachial indices, and/or progression or relief of signs and/or symptoms.

Noninvasive peripheral vascular studies are not indicated for the following conditions:

Continuous burning of the feet is considered to be a neurologic symptom.

“Nonspecific leg pain” and “Pain in Limb” as single diagnoses are too general to warrant further investigation unless they can be related to other signs and symptoms.

Edema rarely occurs with arterial occlusive disease unless it is in the immediate postoperative period, in association with another inflammatory process or in association with rest pain.

Non-invasive peripheral arterial studies are covered by Medicare when provided in the following places of service:

Physician’s office and physician-directed clinic.

Outpatient and inpatient hospital.

Nursing facilities.

Other facilities such as Independent Diagnostic Testing Facilities (IDTFs).

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Coding Information

Bill Type Codes

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

011x

Hospital Inpatient (Including Medicare Part A)

012x

Hospital Inpatient (Medicare Part B only)

013x

Hospital Outpatient

018x

Hospital - Swing Beds

021x

Skilled Nursing - Inpatient (Including Medicare Part A)

022x

Skilled Nursing - Inpatient (Medicare Part B only)

023x

Skilled Nursing - Outpatient

083x

Ambulatory Surgery Center

085x

Critical Access Hospital

Revenue Codes

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

0920

Other Diagnostic Services - General Classification

0921

Other Diagnostic Services - Peripheral Vascular Lab

0929

Other Diagnostic Services - Other Diagnostic Service

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

93922

LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, (EG, FOR LOWER EXTREMITY: ANKLE/ BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/ DORSALIS PEDIS ARTERIES PLUS BIDIRECTIONAL, DOPPLER WAVEFORM RECORDING AND ANALYSIS AT 1-2 LEVELS, OR ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS VOLUME PLETHYSMOGRAPHY AT 1-2 LEVELS, OR ANKLE/ BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/ DORSALIS PEDIS ARTERIES WITH TRANSCUTANEOUS OXYGEN TENSION MEASUREMENTS AT 1-2 LEVELS)

93923

COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, 3 OR MORE LEVELS (EG, FOR LOWER EXTREMITY: ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL BLOOD PRESSURE MEASUREMENTS WITH BIDIRECTIONAL DOPPLER WAVEFORM RECORDING AND ANALYSIS, AT 3 OR MORE LEVELS, OR ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL VOLUME PLETHYSMOGRAPHY AT 3 OR MORE LEVELS, OR ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL TRANSCUTANEOUS OXYGEN TENSION MEASUREMENTS AT 3 OR MORE LEVEL(S), OR SINGLE LEVEL STUDY WITH PROVOCATIVE FUNCTIONAL MANEUVERS (EG, MEASUREMENTS WITH POSTURAL PROVOCATIVE TESTS, OR MEASUREMENTS WITH REACTIVE HYPEREMIA)

93924

NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, (IE, BIDIRECTIONAL DOPPLER WAVEFORM OR VOLUME PLETHYSMOGRAPHY RECORDING AND ANALYSIS AT REST WITH ANKLE/BRACHIAL INDICES IMMEDIATELY AFTER AND AT TIMED INTERVALS FOLLOWING PERFORMANCE OF A STANDARDIZED PROTOCOL ON A MOTORIZED TREADMILL PLUS RECORDING OF TIME OF ONSET OF CLAUDICATION OR OTHER SYMPTOMS, MAXIMAL WALKING TIME, AND TIME TO RECOVERY) COMPLETE BILATERAL STUDY

93925

DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY

93926

DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY

93930

DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY

93931

DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

249.70 - 249.71

SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED - SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED

250.70 - 250.73

DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED

435.2

SUBCLAVIAN STEAL SYNDROME

440.0

ATHEROSCLEROSIS OF AORTA

440.20 - 440.29

ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES UNSPECIFIED - OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES

440.30 - 440.32

ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT OF THE EXTREMITIES - ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT OF THE EXTREMITIES

440.4

CHRONIC TOTAL OCCLUSION OF ARTERY OF THE EXTREMITIES

440.8

ATHEROSCLEROSIS OF OTHER SPECIFIED ARTERIES

441.00 - 441.9

DISSECTION OF AORTA ANEURYSM UNSPECIFIED SITE - AORTIC ANEURYSM OF UNSPECIFIED SITE WITHOUT RUPTURE

442.0

ANEURYSM OF ARTERY OF UPPER EXTREMITY

442.2

ANEURYSM OF ILIAC ARTERY

442.3

ANEURYSM OF ARTERY OF LOWER EXTREMITY

442.82

ANEURYSM OF SUBCLAVIAN ARTERY

443.0

RAYNAUD'S SYNDROME

443.1

THROMBOANGIITIS OBLITERANS (BUERGER'S DISEASE)

443.22

DISSECTION OF ILIAC ARTERY

443.29

DISSECTION OF OTHER ARTERY

443.81

PERIPHERAL ANGIOPATHY IN DISEASES CLASSIFIED ELSEWHERE

443.89

OTHER PERIPHERAL VASCULAR DISEASE

443.9

PERIPHERAL VASCULAR DISEASE UNSPECIFIED

444.01 - 444.9

SADDLE EMBOLUS OF ABDOMINAL AORTA - EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY

445.01

ATHEROEMBOLISM OF UPPER EXTREMITY

445.02

ATHEROEMBOLISM OF LOWER EXTREMITY

446.5

GIANT CELL ARTERITIS

446.7

TAKAYASU'S DISEASE

447.0

ARTERIOVENOUS FISTULA ACQUIRED

447.1

STRICTURE OF ARTERY

447.2

RUPTURE OF ARTERY

447.5

NECROSIS OF ARTERY

447.6

ARTERITIS UNSPECIFIED

447.8

OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES

449

SEPTIC ARTERIAL EMBOLISM

453.40 - 453.42

ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VESSELS OF LOWER EXTREMITY - ACUTE VENOUS EMBOLISM AND THROMBOSIS OF DEEP VESSELS OF DISTAL LOWER EXTREMITY

682.6

CELLULITIS AND ABSCESS OF LEG EXCEPT FOOT

682.7

CELLULITIS AND ABSCESS OF FOOT EXCEPT TOES

707.01

PRESSURE ULCER, ELBOW

707.06

PRESSURE ULCER, ANKLE

707.07

PRESSURE ULCER, HEEL

707.10 - 707.19

UNSPECIFIED ULCER OF LOWER LIMB - ULCER OF OTHER PART OF LOWER LIMB

707.8

CHRONIC ULCER OF OTHER SPECIFIED SITES

707.9

CHRONIC ULCER OF UNSPECIFIED SITE

710.1

SYSTEMIC SCLEROSIS

728.86

NECROTIZING FASCIITIS

729.5*

PAIN IN LIMB

729.71

NONTRAUMATIC COMPARTMENT SYNDROME OF UPPER EXTREMITY

729.72

NONTRAUMATIC COMPARTMENT SYNDROME OF LOWER EXTREMITY

747.60

ANOMALY OF THE PERIPHERAL VASCULAR SYSTEM UNSPECIFIED SITE

747.63

UPPER LIMB VESSEL ANOMALY

747.64

LOWER LIMB VESSEL ANOMALY

785.4

GANGRENE

785.9

OTHER SYMPTOMS INVOLVING CARDIOVASCULAR SYSTEM

812.00 - 828.1

FRACTURE OF UNSPECIFIED PART OF UPPER END OF HUMERUS CLOSED - MULTIPLE FRACTURES INVOLVING BOTH LOWER LIMBS LOWER WITH UPPER LIMB AND LOWER LIMB(S) WITH RIB(S) AND STERNUM OPEN

831.01 - 831.03

CLOSED ANTERIOR DISLOCATION OF HUMERUS - CLOSED INFERIOR DISLOCATION OF HUMERUS

831.11 - 831.13

OPEN ANTERIOR DISLOCATION OF HUMERUS - OPEN INFERIOR DISLOCATION OF HUMERUS

832.00 - 838.19

CLOSED DISLOCATION OF ELBOW UNSPECIFIED SITE - OPEN DISLOCATION OF OTHER PART OF FOOT

880.00 - 894.2

OPEN WOUND OF SHOULDER REGION WITHOUT COMPLICATION - MULTIPLE AND UNSPECIFIED OPEN WOUND OF LOWER LIMB WITH TENDON INVOLVEMENT

902.53

INJURY TO ILIAC ARTERY

903.00 - 903.9

INJURY TO AXILLARY VESSEL(S) UNSPECIFIED - INJURY TO UNSPECIFIED BLOOD VESSEL OF UPPER EXTREMITY

904.0 - 904.9

INJURY TO COMMON FEMORAL ARTERY - INJURY TO BLOOD VESSELS OF UNSPECIFIED SITE

927.00 - 928.9

CRUSHING INJURY OF SHOULDER REGION - CRUSHING INJURY OF UNSPECIFIED SITE OF LOWER LIMB

958.91 - 958.92

TRAUMATIC COMPARTMENT SYNDROME OF UPPER EXTREMITY - TRAUMATIC COMPARTMENT SYNDROME OF LOWER EXTREMITY

996.1

MECHANICAL COMPLICATION OF OTHER VASCULAR DEVICE IMPLANT AND GRAFT

996.62

INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT

996.70 - 996.79

OTHER COMPLICATIONS DUE TO UNSPECIFIED DEVICE IMPLANT AND GRAFT - OTHER COMPLICATIONS DUE TO OTHER INTERNAL PROSTHETIC DEVICE IMPLANT AND GRAFT

996.90 - 996.99

COMPLICATIONS OF UNSPECIFIED REATTACHED EXTREMITY - COMPLICATION OF OTHER SPECIFIED REATTACHED BODY PART

997.2

PERIPHERAL VASCULAR COMPLICATIONS NOT ELSEWHERE CLASSIFIED

998.11 - 998.13

HEMORRHAGE COMPLICATING A PROCEDURE - SEROMA COMPLICATING A PROCEDURE

998.2

ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED

998.83

NON-HEALING SURGICAL WOUND

999.2

OTHER VASCULAR COMPLICATIONS OF MEDICAL CARE NOT ELSEWHERE CLASSIFIED

V43.4

BLOOD VESSEL REPLACED BY OTHER MEANS

V58.49

OTHER SPECIFIED AFTERCARE FOLLOWING SURGERY

V58.73

AFTERCARE FOLLOWING SURGERY OF THE CIRCULATORY SYSTEM NOT ELSEWHERE CLASSIFIED

V67.09

FOLLOW-UP EXAMINATION FOLLOWING OTHER SURGERY

V72.83*

OTHER SPECIFIED PRE-OPERATIVE EXAMINATION

*Note: Use ICD-9-CM code 729.5 to report only limb pain that is clinically suggestive of ischemia as per the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy; use ICD-9-CM code V72.83, Other specified pre-operative examination, to report only radial artery evaluation in a patient scheduled for coronary artery bypass graft (CABG) surgery.

Diagnoses that Support Medical Necessity

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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Other Information

Documentation Requirements

All documentation must be maintained in the patient's medical record and available to the contractor upon request.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.

The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

Medical record documentation maintained by the ordering / referring physician / nonphysician practitioner must clearly indicate the medical necessity of non-invasive physiologic studies of the upper or lower extremity arteries. Because diabetic patients, for example, may have altered presentations that are poorly described by current codes, the diabetes codes are available. However, it is expected that the medical records will clearly document what signs and/or symptoms of disease were present, beyond simply the diagnosis of diabetes, to support the medical necessity of the testing. These records are subject to review if requested by the contractor. Further, the results of arterial studies must be included in the patient's medical record. If performing procedure code 93924, documentation must include results of resting studies and after treadmill stress testing studies. This information is normally found in the office / progress notes and test results. NOTE: Per 42 CFR §410.32, all diagnostic tests must be ordered by the physician / nonphysician practitioner who is treating the patient, that is, the physician / nonphysician practitioner who furnishes a consultation or treats a patient for a specific medical problem and who uses the results in the management of the patient's specific medical problem. Tests not ordered by the physician / nonphysician practitioner who is treating the patient are not reasonable and necessary.

If the provider of non-invasive physiologic studies of arteries of the upper or lower extremity is other than the ordering / referring physician / nonphysician practitioner, the provider of the service must maintain a copy of the test results and interpretation, along with copies of the ordering / referring physician / nonphysician practitioner's order for the studies. When ordering arterial studies from

another provider, the ordering/referring physician / nonphysician practitioner must state the reason for the studies in his/her order for the test.

Physiologic studies and duplex scanning performed during the same session must have documentation in the record to show the medical necessity of performing both studies. Repeat extremity arterial studies must have documentation in the record to indicate the medical necessity for the repeat study, i.e., new, recurrent or worsening symptoms.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Following lower extremity bypass interventions, Medicare would not expect to see services that exceed the following:

In the immediate post-operative period, patients may be studied if reestablished pulses are lost, become equivocal, or if the patient develops related signs and/or symptoms of ischemia with impending repeat intervention;

Following bypass surgery, at three-month intervals during the first year, six-month intervals during the second year and annually thereafter when clinically indicated;

Following angioplasty with or without stent placement at three months, six months and one year when clinically indicated.

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

ACR Practice Guideline for the Performance of Peripheral Arterial Ultrasound Using Color and Pulsed Doppler. Revised 2006. Accessed on 01/06/2010 through website - http://www.acr.org.

ACR Practice Guideline for Performing and Interpreting Diagnostic Ultrasound Examinations. Accessed on 01/06/2010, through website - http://www.acr.org.

ACR Practice Guideline for the Performance of Diagnostic and Screening Ultrasound of the Abdominal Aorta. 2005. Accessed on 01/06/2010, through website – http://www.acr.org.

Aronow WS, Ahmed MI, Ekunday OJ, et al. A Propensity-Matched Study of the Association of Peripheral Arterial Disease With Cardiovascular Outcomes in Community-Dwelling Older Adults. Am J Cardiol 2009;103:130-135.

Facts About Peripheral Arterial Disease (P.A.D.) . NIH Publication No. 06-5837.August 2006. U. S. Department of Health and Human Services, National Institutes of Health, National Heart, Lungs, and Blood Institute.

ICAVL Standards for Accreditation in Noninvasive Vascular Testing. Part II: Vascular Laboratory Operations-Peripheral Arterial Testing.(2007) Accessed on 01/06/2010 through website: http://icavl.org.

Milne WK, Worster A. Does the Clinical Examination Predict Lower Extremity Peripheral Arterial Disease? Annals of Emergency Medicine 2008;54(5):748-750.

Mohler ER. Noninvasive vascular diagnosis in lower extremity peripheral arterial disease. Accessed on 12/30/2009 through website - http://www.uptodate.com.

Mohler ER. Upper extremity peripheral arterial disease. Accessed on 12/30/2009 through website - http://www.uptodate.com

Mukherjee D. Peripheral and Cerebrovascular Atherosclerotic Disease in Diabetes Mellitus.Best Practice & Research Clinical Endocrinology & Metabolism 2009;23:335-345.

Screening for Peripheral Arterial Disease: A Brief Evidence Update for the U.S. Preventive Services Task Force (USPSTF). AHRQ Publication No. 05-0583-B-EF, August 2005. Agency for Healthcare Research and Quality, Rockville MD. Accessed on 01/06/2010 through website - http://www.ahrq.gov/clinic/uspstf05.

Sobel M and Verhaeghe R. Antithrombotic Therapy for Peripheral Artery Occlusive Disease. American College of Chest Physicians Evidence–Based Clinical Practice Guidelines (8thEdition) Chest. 2008;133(6). Accessed on 01/06/2010 through website http://www.mdconsult.com.

Taylor SM, Cull DL, Kalbaugh CA, et al. Comparison of Interventional Outcomes According to Preoperative Indication: A Single Center Analysis of 2,240 Limb Revascularizations. J Am Coll Surg 2009; 208:770-780.

Other Contractor(s)' Policies

Novitas Solutions Contractor Medical Directors

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Directors. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

CAC Distribution: 01/28/2010

Start Date of Comment Period

01/28/2010

End Date of Comment Period:

03/18/2010

Start Date of Notice Period

06/02/2010

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Revision History

Revision History Number

L30827

Revision History Explanation

Date Policy # Description

04/02/2012

L30827

LCD revised to reflect contractor name change from Highmark Medicare Services to Novitas Solutions, Inc.

10/01/2011

L30827

LCD revised effective 10/01/2011 to reflect the ICD-9-CM update. The following code has been deleted: 444.0. The following codes have been added: 444.01, 444.09. These changes are within a code range.

02/21/2011

L30827

Per Change Request 7135, this LCD is effective for dates of service on and after 02/21/2011 for those providers in the states of Delaware, Maryland, New Jersey, Pennsylvania and the District of Columbia serviced by Wisconsin Physicians Service (WPS), contractor number 52280, that are being transitioned to Highmark Medicare Services, contractor number 12901, effective 02/21/2011.

01/05/2011

L30827

LCD revised to reflect the annual CPT/HCPCS update. Procedure codes 93922, 93923, and 93924 descriptor revisions effective 01/01/2011.

09/08/2010

L30827

LCD revised effective 09/09/2010. The descriptions have changed for the following bill type codes: 11, 12, 13, 18, 21, 22, 23, 83, and 85 with an effective date of 07/01/2010. The descriptions have changed for the following revenue codes: 0920, 0921 and 0929 with an effective date of 07/01/2010. Some or all of these changes may be in code ranges.

07/22/2010

L30827

Revised to remove "Posted for Notice" from title.

06/02/2010

L30827

LCD Posted for Notice. LCD to become effective on 07/22/2010.

01/28/2010

DL30827

Draft LCD posted for comment.

Reason for Change

Other

Related Documents

This LCD has no related documents.

LCD Attachments

There are no attachments for this LCD.