https://www.novitas-solutions.com/policy/mac-ab/l27506-r12.html

LCD L27506 - Non-Invasive Peripheral Venous StudiesPrint

Contractor Information

Contractor Name:

Novitas Solutions, Inc.

Contractor Number(s):

12501, 12101, 12102, 12201, 12202, 12301, 12302, 12401, 12402, 12901, 12502

Contractor Type:

MAC Part A & B

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LCD Information

Document Information

LCD ID Number

L27506

LCD Title

Non-Invasive Peripheral Venous Studies

Contractor's Determination Number

L27506

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 07/11/2008

Original Determination Ending Date

N/A

Revision Effective Date

For services performed on or after 11/15/2012

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.

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.

Vascular studies include patient care required to perform the studies; supervision of the studies; 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.)

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 (i.e., analog [strip chart recorder] analysis) are also included in the office visit.

A duplex scan implies an ultrasonic scanning procedure with display of both two-dimensional structure and motion with time, and Doppler ultrasonic signal documentation with spectrum analysis and/or color flow velocity mapping or imaging.

A physiologic study implies functional measurement procedures including Doppler ultrasound studies, blood pressure measurements, transcutaneous oxygen tension measurements, or plethysmography.

Plethysmography implies volume measurement procedures including air, impedance, or strain gauge methods.

Acceptable Procedures for Reimbursement

Duplex scan (CPT/HCPCS codes 93970, 93971, G0365)

Doppler waveform analysis including responses to compressions and other maneuvers (CPT code 93965)

Impedance Plethysmography (CPT code 93965)

Air Plethysmography (CPT code 93965)

Strain Gauge Plethysmography (CPT code 93965)

Indications

Indications for venous examinations are separated into the following categories: deep vein thrombosis (DVT), chronic venous insufficiency, and preoperative venous mapping.

Deep Vein Thrombosis (DVT)

DVT is the most common vascular disorder that develops in hospitalized patients, and can develop after trauma or prolonged immobility (sitting or bedrest). The signs and/or symptoms of DVT are relatively non-specific. Due to the risk associated with pulmonary embolism (PE), objective testing is allowed in patients that are candidates for anticoagulation or invasive therapeutic procedures for the following indications:

Clinical signs and/or symptoms of acute or new onset DVT such as extremity swelling, tenderness, inflammation and/or erythema.

Investigation for DVT as the source of the pulmonary embolism

Unexplained lower extremity edema with high pre-test probability of DVT (e.g., status-post major surgical procedure or postpartum)

Bilateral limb edema, especially when signs and/or symptoms of congestive heart failure, exogenous obesity and/or arthritis are present, should rarely be an indication for venous studies.

Chronic Venous Insufficiency

Chronic venous insufficiency may be divided into several categories; objective testing is allowed in patients that are candidates for anticoagulation or invasive therapeutic procedures for the following indications:

Post-Thrombotic (Post Phlebitic) Syndrome - Evaluation is medically necessary in patients with symptoms of post-thrombotic syndrome.

Recurrent DVT - Evaluation is medically necessary in patients with signs or symptoms of recurrent DVT.

Objective tests of venous function may be indicated in patients with ulceration, thickening and discoloration suspected to be secondary to venous insufficiency in order to confirm this diagnosis, by documenting venous valvular incompetence, prior to treatment.

Primary Varicose Veins - It is not usually medically necessary to study asymptomatic varicose veins. However, if a great or small saphenous vein undergoes ablation, a duplex scan of the affected side may be reasonable and necessary postoperatively within 72 hours after the procedure, to assess the result of the surgery and the propagation of a thrombus.

Preoperative Examinations

Non-Invasive Peripheral Venous Studies may also be medically necessary for select preoperative examinations.

Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study (CPT code 93971) is indicated for the preoperative examination of potential harvest vein grafts to be utilized during bypass surgery. This is a covered service only when the results of the study are necessary to locate suitable graft vessels. The need for bypass surgery must be determined prior to performance of the test. Only one preoperative scan is covered for bypass surgery.

Vessel mapping of vessels for hemodialysis (HCPCS code G0365) is indicated for the preoperative examination of vessels prior to hemodialysis access site surgery in patients with end stage renal disease (ESRD). This is a covered service only when the results of the study are necessary to determine appropriate vessel utilization (i.e., when the patient's clinical evaluation does not readily lead to the selection of a vein that is suitable for creating a dialysis fistula). The need for a hemodialysis access site must be determined prior to performance of the test. Only one preoperative scan is covered per hemodialysis access site surgery.

Limitations

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 postpayment 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 performed by, or under the direct supervision of, a technologist who has demonstrated competency by being credentialed in vascular technology, or, such studies must be 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. 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.

Medicare does not pay for routine screening tests. ICD-9-CM diagnosis code V82.9 (special screening of other conditions, unspecified condition) should be used to indicate screening tests performed in the absence of a specific sign, symptom, or complaint. Use of ICD-9-CM code V82.9 will result in the denial of claims as non-covered screening services.

It is rarely necessary to perform lower extremity and upper extremity studies on the same day. Documentation supporting the need for both studies should be available for review.

As stated above, bilateral limb edema, especially when signs and/or symptoms of congestive heart failure, exogenous obesity and/or arthritis are present, should rarely be an indication for venous studies. Primary Varicose Veins - It is not medically necessary to study asymptomatic varicose veins. Any preoperative indication not listed as indicated under "Indications and Limitations of Coverage" will be denied based on medical necessity.

The following methods are not covered:

Mechanical Oscillometry

Inductance Plethysmography

Capacitance Plethysmography

Photoelectric Plethysmography

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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

028x

Skilled Nursing - Swing Beds

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.

0921

Other Diagnostic Services - Peripheral Vascular Lab

CPT/HCPCS Codes

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

93965

NONINVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (EG, DOPPLER WAVEFORM ANALYSIS WITH RESPONSES TO COMPRESSION AND OTHER MANEUVERS, PHLEBORHEOGRAPHY, IMPEDANCE PLETHYSMOGRAPHY)

93970

DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY

93971

DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY

G0365

VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)

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.

415.11 - 415.19

IATROGENIC PULMONARY EMBOLISM AND INFARCTION - OTHER PULMONARY EMBOLISM AND INFARCTION

444.9*

EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY

451.0 - 451.9

PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES - PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED SITE

452

PORTAL VEIN THROMBOSIS

453.1 - 453.2

THROMBOPHLEBITIS MIGRANS - OTHER VENOUS EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA

453.40 - 453.74

ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VESSELS OF LOWER EXTREMITY - CHRONIC VENOUS EMBOLISM AND THROMBOSIS OF AXILLARY VEINS

453.79 - 453.84

CHRONIC VENOUS EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS - ACUTE VENOUS EMBOLISM AND THROMBOSIS OF AXILLARY VEINS

453.89 - 453.9

ACUTE VENOUS EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS - EMBOLISM AND THROMBOSIS OF UNSPECIFIED SITE

454.0 - 454.8

VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER - VARICOSE VEINS OF LOWER EXTREMITIES WITH OTHER COMPLICATIONS

459.10 - 459.39

POSTPHLEBETIC SYNDROME WITHOUT COMPLICATIONS - CHRONIC VENOUS HYPERTENSION WITH OTHER COMPLICATION

585.4 - 585.6*

CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE) - END STAGE RENAL DISEASE

671.00 - 671.94

VARICOSE VEINS OF LEGS COMPLICATING PREGNANCY AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE - UNSPECIFIED POSTPARTUM VENOUS COMPLICATION

673.20 - 673.24

OBSTETRICAL BLOOD-CLOT EMBOLISM UNSPECIFIED AS TO EPISODE OF CARE - OBSTETRICAL BLOOD-CLOT EMBOLISM POSTPARTUM

695.9

UNSPECIFIED ERYTHEMATOUS CONDITION

707.10 - 707.19

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

729.5

PAIN IN LIMB

729.81

SWELLING OF LIMB

747.60 - 747.69

ANOMALY OF THE PERIPHERAL VASCULAR SYSTEM UNSPECIFIED SITE - ANOMALIES OF OTHER SPECIFIED SITES OF PERIPHERAL VASCULAR SYSTEM

782.2 - 782.3

LOCALIZED SUPERFICIAL SWELLING MASS OR LUMP - EDEMA

785.4

GANGRENE

786.00

RESPIRATORY ABNORMALITY UNSPECIFIED

786.03

APNEA

786.05

SHORTNESS OF BREATH

786.06

TACHYPNEA

786.09

RESPIRATORY ABNORMALITY OTHER

786.30

HEMOPTYSIS, UNSPECIFIED

786.39

OTHER HEMOPTYSIS

786.50

UNSPECIFIED CHEST PAIN

786.52

PAINFUL RESPIRATION

786.59

OTHER CHEST PAIN

794.2

NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF PULMONARY SYSTEM

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

996.1

MECHANICAL COMPLICATION OF 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

997.2

PERIPHERAL VASCULAR COMPLICATIONS NOT ELSEWHERE CLASSIFIED

997.79

VASCULAR COMPLICATIONS OF OTHER VESSELS

998.2

ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED

999.2

OTHER VASCULAR COMPLICATIONS OF MEDICAL CARE NOT ELSEWHERE CLASSIFIED

V67.00*

FOLLOW-UP EXAMINATION FOLLOWING UNSPECIFIED SURGERY

V72.83*

OTHER SPECIFIED PRE-OPERATIVE EXAMINATION

*NOTE: Use code 444.9 for paradoxical embolism; use codes 585.4, 585.5 or 585.6 (secondary diagnosis) with code V72.83 for G0365; code V72.83 is covered only for CPT/HCPCS codes 93971 and G0365. Use

V67.00 only to describe a limited venous duplex performed within 72 hours of a saphenous vein ablation procedure (36475, 36476, 36478 or 36479).

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.

The medical record documentation must support the medical necessity of the services as directed in this policy.

Additional Information

Please see article A47801, Non-Invasive Peripheral Venous Studies, for additional information.

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.

Only one preoperative scan is considered reasonable and necessary for bypass surgery.

Only one preoperative scan is considered reasonable and necessary per hemodialysis access site surgery.

Only one limited study is considered reasonable and necessary post operatively within 72 hours of a saphenous vein ablation, whether surgery is performed on one side or bilaterally.

Sources of Information and Basis for Decision

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

Change Concept 3: Early referral to surgeon for "AVF" only evaluation and timely placement. Fistula First; accessed from http://www.fistulafirst.org/Professionals/FFBIChangeConcepts.aspx on 03/10/2010.

Vascular Adequacy 2006 Work Group; NKF KDOQI Clinical Practice Guidelines for Vascular Access. Guideline 1. Patient Preparation for Permanent Hemodialysis Access.

Other Contractor's Policies

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/IAC Distribution: 04/01/2008

CAC Distribution: 05/15/2012

Start Date of Comment Period

05/15/2012

End Date of Comment Period:

07/05/2012

Start Date of Notice Period

09/27/2012

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Revision History

Revision History Number

L27506

Revision History Explanation

Date Policy # Description

09/27/2012

L27506

Final LCD posted for notice and will become effective for dates of service on and after 11/15/2012.

05/15/2012

DL27506

LCD posted for comment. Policy revised to remove coverage for high risk patients. Diagnosis codes V12.50-V12.52, V42.0, V45.81 and V67.00 removed from coverage.

04/02/2012

L27506

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

10/01/2011

L27506

LCD revised effective 10/01/2011 to reflect the ICD-9-CM update. The following code has been added: 415.13. This code is within a code range.

02/21/2011

L27506

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.

10/27/2010

L27506

LCD revised effective 10/27/2010. The following changes are per the annual ICD-9-CM code update: ICD-9-CM code 786.3 removed for dates of service on and after 10/01/2010. ICD-9-CM codes 786.30 and 786.39 added for coverage effective for dates of service on and after 10/01/2010.

09/08/2010

L27506

LCD revised effective 09/09/2010. The descriptions have changed for the following bill type codes: 11,12,13,18, 21, 22, 23, 28, 83, and 85 with an effective date of 07/01/2010. The description has changed for the following revenue code: 0921 with an effective date of 07/01/2010. Some or all of these changes may be in code ranges.

04/14/2010

L27506

LCD revised effective 04/15/2010. Use of vessel mapping for hemodialysis access, pre-operative exam, has ICD-9-CM codes liberalized to include 585.4 as an available secondary diagnosis. Sources of Information section updated.

10/08/2009

L27506

LCD revised effective 10/09/2009. LCD revised due to ICD-9-CM annual updates. The following ICD-9-CM code changes are effective 10/01/2009. Deleted code 453.8. Revised code descriptors 453.2, 453.40, 453.41, 453.42. Added new codes 453.50, 453.51, 453.52, 453.6, 453.71, 453.72, 453.73, 453.74, 453.79, 453.81, 453.82, 453.83, 453.84, 453.89. Most of these changes are within code ranges.

12/12/2008

L27506

LCD effective 12/12/2008 for Pennsylvania Part B. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Part B; Maryland Part A and Part B; New Jersey Part A and Part B; Pennsylvania Part A and Part B.

11/14/2008

L27506

LCD effective 11/14/2008 for New Jersey Part B and Delaware Part A. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Delaware Part B; Maryland Part A and Maryland Part B; New Jersey Part A and New Jersey Part B; Pennsylvania Part A.

08/29/2008

L27506

LCD effective 09/01/2008 for New Jersey Part A. Effective 09/01/2008, New Jersey Part A will be added to the other jurisdictions already effective: DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

08/01/2008

L27506

LCD effective 08/01/2008 for DC Part A, Maryland Part A, and Pennsylvania Part A. LCD is now effective for DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

05/23/2008

L27506

Original LCD posted for notice. LCD to become effective 07/11/2008 for Maryland Part B, DCMA Part B and Delaware Part B.

04/01/2008

Draft J12-D30

Original LCD posted for comment.

Reason for Change

Coverage Change (actual change in medical parameters)

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.