

CEREBROVASCULAR

93875: Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis).

93880: Duplex scan of extracranial arteries; complete bilateral study.

93882: Duplex scan of extracranial arteries; unilateral or limited study.

a. Visual Disorders

Retinal vascular occlusion 362.30-362.37

Retinal ischemia 362.84

Sudden visual loss 368.10, 368.11

Transient visual loss 368.12

Visual fields defects 368.40, 368.41-368.47

Ischemic optic neuropathy 377.41

b. Extracranial Artery Disorders

Cervical carotid bruit or pulsatile tinnitus 785.9

Occlusion/stenosis of pre-cerebral arteries 433.00-436

Cerebral atherosclerosis and other ischemic cerebrovascular disease 437.0, 437.1

Arterial embolization and thrombosis subclavian artery 444.89

c. Moyamoya disease 437.5

d. Transient global amnesia 437.7

e. Aneurysms/ Dissection cerebral or pre-cerebral arteries 437.3, 442.81, 442.82, 459.9

f. Paralytic Syndromes

Hemiplegia 342.00-342.92

Other Paralytic 344.00-344.5, 344.9

g. Chorea/hemiballism 333.5

h. Vasculitis and allied conditions 437.4, 446.0, 446.4-446.7

i. Focal Neurologic Symptoms

Syncope and collapse 780.2

Ataxia/Incoordination 781.2-781.3

Transient paralysis 781.4

Paresthesia, numbness 782.0

Speech disturbance 784.3-784.5

Vertigo 389.2

Arterial bruit 785.9

j. Injury to blood vessels of head and neck 900.00-900.9, 901.1

k. Complications of other procedures 996.1, 996.70-996.71, 996.74, 998.11-998.13, 998.2

l. Preoperatively for CABG V72.83

m. Post-operatively following carotid surgery V15.1

n. Sickle cell anemia 282.60-282.69

2. Transcranial Doppler Testing (93886-93888)

Assessing tandem lesions and patterns and extent of collateral circulation in patients with known regions of severe stenosis or occlusion.

Cerebrovascular disease: 433.00 - 435.9, 436.0, 437.0

Evaluating and following patients with hemorrhage.

Intracranial hemorrhage: 430 - 432.9

Evaluating children with various vasculopathies such as sickle cell disease, Moyamoya: 282.60-282.69, 437.5

Assessing patients with suspected brain death. 348.9 (specify brain death)_

PERIPHERAL ARTERIAL STUDIES

93922: Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg. ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement).

93923: Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia).

93924: Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, 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

a. Arterial Disease including atherosclerosis, claudication, aneurysms, embolism and thrombosis

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440.0-448.9

b. Extremity ulcer - 707.10; 707.19

c. Gangrene - 785.4

d. Injury to Blood Vessel - 903.00 - 904.9

e. Complications of Procedures or Devices - 996.1; 996.62; 996.74; 996.90 - 996.96; 997.2, 997.79;

998.11-998.13; 998.2; 999.2

f. Organ or tissue replacement; blood vessel - V43.4

g. Thoracic outlet syndrome - 353.0

h. CPT code 93926: When this procedure is performed as a limited study for a follow-up of bypass

surgery, list the ICD-9 code V58.49.

i. CPT-4 Code 93924 Indications for physiologic study at rest and following treadmill test):

Claudication which interferes with the patient's occupation or life style - 443.9, 440.21.

j. To assess the radial artery as a resource for coronary bypass (V72.83)

PERIPHERAL VENOUS EXAMINATIONS

93965: Non-invasive 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.

- a. Hypercoaguability syndromes – 298.8
- b. Suspected pulmonary embolism - 415.11; 415.19; 786.00; 786.05, 786.09; 786.3; 786.50, 786.52; 786.59; 794.2
- c. Aneurysm of artery of lower extremity - 442.3
- d. Phlebitis/thrombophlebitis - 451.0 - 451.9; 453.1; 453.8; 671.20 - 671.44
- e. Chronic Venous Insufficiency - 454.0 - 454.9; 459.1- 459.89; 707.10; 707.19
- f. Venous complications of pregnancy and puerperum – 671.00-671.44
- g. Cellulitis leg/foot 682.6, 682.7
- h Other anomalies of peripheral vascular system 747.60-747.69;
- i. Localized Edema - 782.2; 782.3; 729.81
- j. Erythema - 695.9
- k. Limb Tenderness (on palpation) - 729.5
- l. Congenital Vascular Anomalies - 747.63; 747.64, 789.60-789.69
- m. Extremity Gangrene - 785.4
- n. Respiratory distress – 518.81, 786.00-786.09, 799.0
- o. Abnormal lung scan - 794.2
- p. Lower extremity fracture – 820.0-820.9, 821.00-821.39, 823.0-824.9
- q. Injury to Blood Vessels - 903.00 - 904.9
- r. Complications of procedures or devices - 996.1; 996.62; 996.70, 996.74; 997.2; 997.79; 998.11- 998.13; 998.2; 999.2
- s. Phlebitis or thrombophlebitis following infusion, perforation or transfusion - 999.2
- t. Pre-operative examination for potential harvest vein grafts, or pre-operative examination of vessel prior to hemodialysis access surgery V72.83.

VISCERAL VASCULAR STUDIES

93975: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study.

93976: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study.

93978: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study.

93979: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study.

a. Duplex scan, abdominal, retroperitoneal and pelvic organs (93975 - 93976)

-Renal vascular obstructive or aneurysmal disorders: 440.0, 440.1; 442.1; 447.3

-Malignant or accelerated hypertension: 401.0 - 402.11; 403.00-405.9

-Mesenteric vascular disorders: 440.8; 442.83; 442.84; 447.4; 557.0; 593.81

-Portal vein thrombosis: 452

-Hepatic vein thrombosis: 453.0

-Vascular insufficiency: 557.1-557.9

-Portal hypertension: 572.3

-Renal sclerosis: 587

-Small kidneys: 589.0-589.9

-Congenital anomalies: 747.60-62,753.0, 753.10-753.19

-Arterial bruit (abdominal or flank): 785.9

-Surveillance of organ transplant: V42.0; V42.7; 996.81; 996.82, 996.86, 996.87

-Complications of procedures or devices: 996.73; 996.74; 996.86; 996.89; 997.71-997.72; 999.2

b. Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts, (93978 - 93979):

Aneurysm: 441.3; 441.4 ; 441.6; 441.7

-Thrombosis abdominal aorta: 444.0

-Iliac aneurysm: 442.2

-Thrombosis iliac artery: 444.81

-Thrombosis of vena cava: 453.2

-Thrombosis of iliac vein: 451.81

-Claudication: 440.21; 443.9

- Congenital anomalies: 747.20-727.29, 747.40-747.49, 747.60-747.62

-Arterial bruit (abdominal or flank): 785.9

-Complications of procedures or devices: 996.73; 996.74; 996.81; 996.82

- Other specified aftercare following surgery V58.49

PENILE VASCULAR STUDIES

93980: Duplex scan of arterial inflow and venous outflow of penile vessels; complete study.

93981: Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study.

-Vascular disorders of the penis (embolism, hemorrhage, thrombosis):. 607.82

-Crushing injury of penis: 926.0

HEMODIALYSIS FLOW STUDIES

90940: Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; measurement and disconnection.

- A-V fistula - 447.0/ V45.1

DOPPLER FLOW STUDIES

93990: Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow).

- A-V fistula - 447.0/ V45.1

- In preparation for creating a dialysis fistula, use ICD-9 code 585 (chronic renal failure).

Diagnosis that Supports Medical Necessity

See section "Indications and Limitations of Coverage"

ICD-9 Codes that DO NOT Support Medical Necessity

NA

CODING GUIDELINES

1. Use the appropriate procedure code and modifiers.
2. Indicate the diagnoses for which the testing is being performed.
3. No paper documentation is required on initial claims submission unless required by an audit or the case deserves special case-by-case review.

Place information on claim form as EMC narrative where indicated in the policy, e.g., follow-up studies.

4. Upper and lower extremity physiologic studies (CPT-4 codes 93922 and 93923), Lower extremity studies (CPT-4 codes 93925 and 93526), and Upper extremity duplex studies (CPT-4 codes 93930 and 93931)
If studies are performed on the upper and lower extremities on the same day, the services should be submitted on separate detail lines. When claims are submitted electronically, it should be indicated in Box 19 of field N-4 (old format) or in record HAO-05 of the National Standard format, that upper AND lower studies were performed. If paper claims are still being submitted, this information must appear on the HCFA-1500 claim form

Documentation Requirements

Documentation present in the patient's medical record should meet the requirements for medical necessity

stated in this policy. Hard copy NIVT results should be a part of the patient's medical record.

Documentation in the patient's medical record should include hard copy reports, as well as the medical

necessity of the procedure as outlined in the policy.

Documentation supporting the medical necessity of this item, such as ICD-9 codes, must be submitted

with each claim. Claims submitted without such evidence will be denied as being not medically necessary.

Utilization Guidelines

A. Ordering of tests:

NIVT procedures will not be covered when performed based on internal protocols of the testing facility. The physician treating the patient must specifically order the procedures, in writing.

The ordering physician must provide the performing provider of the diagnostic test the indication for

the study so that the provider of service can make sure the study is medically necessary and within

guidelines. The order to the independent diagnostic testing facility (IDTF) must be in writing.

Orders

to other providers may be oral, but must be reduced to writing.

42 CFR§410.32 indicates that diagnostic tests, to be covered, must be ordered by the practitioner that

treats the patient. The treating physician is the practitioner responsible for the treatment of the patient and who orders the test to use the results in the management of the beneficiary's specific medical problem(s). Consulting physicians may also order tests.