



ADMINISTRATIVE POLICY STATEMENT Marketplace

Policy Name & Number	Date Effective
Non-Invasive Vascular Studies-MP-AD-1260	GA, IN, KY, WV: 03/01/2023-07/31/2024 OH: 04/01/2023-07/31/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):

<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia
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A. Subject

Non-Invasive Vascular Studies

B. Background

Non-invasive vascular studies utilize ultrasound to assess irregularities in blood flow in arterial and venous systems. Testing can be performed in a vascular laboratory and at the bedside and is often the first step in diagnosing vascular disease. Results may display as a two-dimensional image with a spectral analysis and color flow. The results of these tests will determine the need for more non-invasive testing or procedures to treat vascular disease.

C. Definitions

- **Duplex scan** – a non-invasive evaluation of blood flow through the arteries and veins, by combining the use of Doppler ultrasound with two-dimensional structure and motion with time and spectrum analysis and/or color flow velocity or mapping.
- **Non-invasive testing** – utilizes various types of technology to evaluate flow, perfusion, and pressures within the vessels at rest and with exercise.

D. Policy

I. Non-invasive vascular study includes:

- A. Providing patient care during the study
- B. Supervision of the procedure
- C. Interpretation of study results with hard copy output or digital storage of imaging is acceptable.

II. All non-invasive vascular diagnostic studies must be performed under at least one of the following situations:

- A. Performed by a physician who is competent in diagnostic vascular studies or under the general supervision of physicians who have demonstrated minimum entry level competency by being credentialed in vascular technology.
 1. The physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain any applicable documentation upon CareSource's request.
- B. Performed by a technician who is certified in vascular technology
 1. The Technician performing the study must be capable of demonstrating documented training and experience and maintain any documentation upon CareSource request.

III. Duplex scanning and physiologic studies may be reimbursed during the same encounter if the physiologic studies are abnormal and/or to evaluate vascular trauma, thromboembolic events or aneurysmal disease, if the physician/provider can document medical necessity in the patient's medical record.

- A. The use of any Doppler device that produces a record but does not permit analysis of bidirectional vascular flow or that does not provide a hard copy or printout is part of the physical exam of the vascular system and is not reported separately.

IV. Noninvasive vascular studies are considered medically necessary when all of the following criteria are met:

- A. The member experiences significant signs/symptoms of arterial or venous disease;
- B. The information provided by the test is required for medical and/or surgical decision making; and
- C. The test is not redundant to other diagnostic procedures that will be performed.

V. CareSource may request documentation to support medical necessity, including the non-invasive vascular study hard copy or digital copy results.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	10/26/2022	New policy
Date Revised		
Date Effective	GA, IN, KY, WV: 03/01/2023 OH: 04/01/2023	
Date Archived	GA, IN, KY, WV: 07/31/2024 OH: 07/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Leers, S. A. Duplex Ultrasound. (2022). Retrieved 11/15/2022 from www.vascular.org.
2. Medicare National Coverage Determinations Manual. (2021, September 08). Retrieved 11/15/2022 from www.cms.gov.
3. Physician Fee Schedule Search. (2022, October 01). Retrieved 11/15/2022 from www.cms.gov.
4. Freeman S, Bertolotto M, Richenberg J. (2020, January 30). Ultrasound evaluation of varicoceles: Guidelines and recommendations of the European Society of Urogenital Radiology Scrotal and Penile Imaging Working Group (ESUR-SPIWG) for detection, classification, and grading. Retrieved 11/15/2022 from www.pubmed.ncbi.nlm.nih.gov.
5. Bertolotto M, et al. (2020, December 23). Ultrasound evaluation of varicoceles: systematic literature review and rationale of the ESUR-SPIWG Guidelines and Recommendations. Retrieved 11/15/2022 from www.pubmed.ncbi.nlm.nih.gov.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

6. Jedrzejewski G, Wieczorek AP, Osemlak P, Nachulewicz P. (2016 December). The role of ultrasound in the management of undescended testes before and after orchidopexy-an update. Retrieved 11/15/2022 from www.pubmed.ncbi.nlm.nih.gov.
7. McLaren PSM. (2021 August), A systematic review on the utility of ultrasonography in the diagnosis of testicular torsion in acute scrotum patients. Retrieved 11/15/2022 from www.pubmed.ncbi.nlm.nih.gov.

I. State-Specific Information

- A. Georgia
 1. Effective: 03/01/2023
- B. Indiana
 1. Effective: 03/01/2023
- C. Kentucky
 1. Effective: 03/01/2023
- D. Ohio
 1. Effective: 04/01/2023
- E. West Virginia
 1. Effective: 03/01/2023