ADMINISTRATIVE POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Non-Invasive Vascular Studies-MP-AD-1260	08/01/2024 Kentucky inactive as of 01/01/2026
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):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **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.
   B. Performed by a technician who is certified in vascular technology.

   Note: The physician or technician must be capable of demonstrating documented training and experience and maintain any applicable documentation upon CareSource's 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.

   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.
   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. State-Specific Information
NA

F. Conditions of Coverage
NA

G. Related Policies/Rules
NA

H. Review/Revision History

	DATE	ACTION
Date Issued	10/26/2022	New policy
Date Revised	04/24/2024	Annual review. Updated D. III. Updated references. Approved at Committee.
Date Effective	08/01/2024	
Date Archived		

I. References

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6. Noninvasive vascular laboratory testing. Johns Hopkins Medicine. Accessed February 19, 2024. www.hopkinsmedicine.org