



ADMINISTRATIVE POLICY STATEMENT

Indiana Medicaid

Policy Name & Number	Date Effective
Non-Invasive Vascular Studies-IN MCD-AD-1120	07/01/2026
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.

Table of Contents

A.	Subject	2
B.	Background	2
C.	Definitions	2
D.	Policy	2
E.	Conditions of Coverage	3
F.	Related Policies/Rules	3
G.	Review/Revision History	3
H.	References	3

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

II. All non-invasive vascular diagnostic studies must be performed by a qualified technician or other qualified healthcare provider. Both must demonstrate documented training and experience, maintaining this documentation for TrueCare upon request. The studies must be conducted by **1** of the following:

- A. a qualified healthcare provider competent in performing and/or interpreting diagnostic vascular studies or under the general supervision of such a provider who has demonstrated entry-level competency through credentialing in vascular technology
- B. a technician certified in vascular technology

III. When the qualified healthcare provider can document medical necessity in the patient's medical record, 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.

IV. 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.

V. Noninvasive vascular studies are considered medically necessary when **ALL** of the following criteria are met:

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

- A. The member experiences significant signs/symptoms of arterial or venous disease and for lower extremities, the Ankle Brachial Index has been documented as abnormal.
- 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 (Ultrasound MRA, CTA, Angiograms, etc.) that has been completed or will be performed. A repeat or follow up study is not indicated unless there has been a previous non-conclusive study or a documented change in member's symptoms.

VI. 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	12/15/2021	Replacing PY-0165. Approved at PGC.
Date Revised	12/14/2022	Annual review. No changes to content. Updated references.
	04/24/2024	Annual review. Revised D. III. Updated references. Approved at Committee.
	02/11/2026	Periodic review. Removed prior authorization language. Updated D. II, III. and IV. Replaced physician with qualified healthcare provider where applicable. Updated references. Approved at Committee.
Date Effective	07/01/2026	
Date Archived		

H. References

1. Bertolotto M, Freeman S, Richenberg J, et al. Ultrasound evaluation of varicoceles: systematic literature review and rationale of the ESUR-SPIWG guidelines and recommendations. *J Ultrasound*. 2020;23(4):487-507. doi:10.1007/s40477-020-00509-z
2. Freeman S, Bertolotto M, Richenberg J, et al. 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. *Eur Radiogr*. 2020;30(1):11-25. doi:10.1007/s00330-019-06280-y
3. Jedrzejewski G, Wieczorek AP, Osemlak P, et al. The role of ultrasound in the management of undescended testes before and after orchidopexy-an update. *Medicine*. 2016;95(51):e5731. doi:10.1097/MD.0000000000005731

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

4. Leers SA. Duplex ultrasound. Society for Vascular Surgery. Accessed January 26, 2026. www.vascular.org
5. McLaren PSM. A systematic review on the utility of ultrasonography in the diagnosis of testicular torsion in acute scrotum patients. *Radiography*. 2021;27(3):943-949. doi:10.1016/j.radi.2020.12.012
6. Noninvasive vascular laboratory testing. Johns Hopkins Medicine. Accessed January 26, 2026. www.hopkinsmedicine.org

IN-MED-P-5123201

Issue date 12/15/2021

Approved OMPP 04/21/2026

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