

MEDICAL POLICY STATEMENT INDIANA MEDICAID

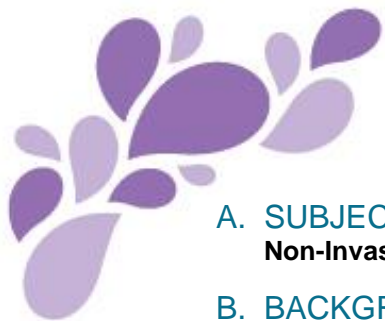
Original Issue Date	Next Annual Review	Effective Date
09/20/2017	05/15/2019	05/15/2018
Policy Name		Policy Number
Non-Invasive Vascular Studies		MM-0177
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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 Medical Policy Statement. If there is a conflict between the Medical 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.

Contents of Policy

MEDICAL POLICY STATEMENT.....	1
TABLE OF CONTENTS.....	1
A. <u>SUBJECT</u>	2
B. <u>BACKGROUND</u>	2
C. <u>DEFINITIONS</u>	2
D. <u>POLICY</u>	2
E. <u>CONDITIONS OF COVERAGE</u>	2
F. <u>RELATED POLICIES/RULES</u>	2
G. <u>REVIEW/REVISION HISTORY</u>	3
H. <u>REFERENCES</u>	3



A. SUBJECT

Non-Invasive Vascular Studies

B. BACKGROUND

Duplex ultrasound is a non-invasive imaging test that indicates how blood moves through arteries and veins in different areas of the body. It is performed as a diagnostic tool for conditions such as an abdominal aneurysm, occlusion, blood clot, arterial stenosis, and venous reflux and insufficiency. There are different types of duplex ultrasound exams, some of the targets include:

- Abdominal arteries and veins
- Carotid artery
- Blood vessels in the arms and legs
- Renal blood vessels

A duplex ultrasound combines the technologies of traditional ultrasound and Doppler ultrasound to both produce images and indicate rate of blood flow. In a traditional ultrasound, images are created from the high-frequency sound waves that are sent out and bounce back off of structures within the body, while a Doppler ultrasound can estimate the speed of blood flow from the change in frequency of the sound waves that bounce off of circulating red blood cells.

In addition to being used as a diagnostic tool, duplex ultrasound can be useful in evaluating candidacy for a procedure such as angioplasty, as well as in determining the success of a blood vessel graft or bypass surgery.

C. DEFINITIONS

- **Duplex ultrasound:** A non-invasive test that demonstrates how blood moves through the arteries and veins of the body.

D. POLICY

- I. CareSource does not require a prior authorization for a medically necessary non-invasive vascular study.
- II. To be considered medically necessary, the ordering physician must have reasonable expectation that the non-invasive vascular study results will potentially impact the clinical management of the patient.
- III. To be considered medically necessary, the following conditions must be met:
 - A. Significant signs/symptoms of arterial or venous disease are present
 - B. The information is necessary for appropriate medical and/or surgical management
 - C. The test is not redundant of other diagnostic procedures that must be performed

E. CONDITIONS OF COVERAGE

HCPCS
CPT

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

N/A



G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	09/20/2017	New Policy.
Date Revised		
Date Effective	05/15/2018	

H. REFERENCES

1. AbuRahma, A. F., Srivastava, M., Mousa, A. Y., Dearing, D. D., Hass, S. M., Campbell, J. R., ... Keiffer, T. (2012). Critical analysis of renal duplex ultrasound parameters in detecting significant renal artery stenosis. *Journal of Vascular Surgery*, 56(4), 1052-1060.e1. doi:10.1016/j.jvs.2012.03.036
2. Doppler ultrasound: What is it used for? - Mayo Clinic. (n.d.). Retrieved from <http://www.mayoclinic.org/doppler-ultrasound/expert-answers/faq-20058452>
3. Duplex Ultrasound | Society for Vascular Surgery. (n.d.). Retrieved from <https://vascular.org/patient-resources/vascular-tests/duplex-ultrasound>
4. Duplex ultrasound: MedlinePlus Medical Encyclopedia. (n.d.). Retrieved from <https://medlineplus.gov/ency/article/003433.htm>
5. Müller, M., Agten, C. A., Österreich, M., & Hoffmann, M. (2015). Assessing internal carotid artery stenosis with a semiautomated computed tomography angiography tool and duplex ultrasound. *Journal of Vascular Surgery*, 61(6), 1449-1456. doi:10.1016/j.jvs.2015.01.028
6. Troutman, D. A., Madden, N. J., Dougherty, M. J., & Calligaro, K. D. (2014). Duplex ultrasound diagnosis of failing stent grafts placed for occlusive disease. *Journal of Vascular Surgery*, 60(6), 1580-1584. doi:10.1016/j.jvs.2014.08.071
7. Ultrasound (Sonography). (n.d.). Retrieved from <https://www.radiologyinfo.org/en/info.cfm?pg=genus>
8. Ultrasound: MedlinePlus. (n.d.). Retrieved from <https://medlineplus.gov/ultrasound.html>
9. Van Petersen, A. S., Meerwaldt, R., Kolkman, J. J., Huisman, A. B., Van der Palen, J., Van Bockel, J. H., ... Geelkerken, R. H. (2013). The influence of respiration on criteria for transabdominal duplex examination of the splanchnic arteries in patients with suspected chronic splanchnic ischemia. *Journal of Vascular Surgery*, 57(6), 1603-1611.e10. doi:10.1016/j.jvs.2012.11.120

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