CareSource

# Reimbursement Policy Statement
# INDIANA MEDICAID

| Original Issue Date | Next Annual Review | Effective Date |
|---|---|---|
| 01/01/2017 | 01/01/2018 | 01/01/2017 - 01/31/2020 |
| **Policy Name** | | **Policy Number** |
| Non-Invasive Vascular Studies | | PY-0165 |
| **Policy Type** | | |
| Medical / Administrative / Pharmacy | | REIMBURSEMENT |

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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## A. SUBJECT

**Non-Invasive Vascular Studies**

## B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

CareSource will reimburse providers, for non-invasive vascular studies to CareSource members, as set forth in this policy. Non-invasive vascular studies may be used interchangeably with Duplex scan or Duplex ultrasound for the purposes of this policy.

## C. DEFINITIONS

A duplex ultrasound is a test to see how blood moves through the arteries and veins of the body.

## D. POLICY

I. CareSource does not require a prior authorization for a non-invasive vascular study.

II. A non-invasive vascular study may be reimbursed according to CMS/LCD guidelines using appropriate CPT and/or HCPCS and modifier codes (if applicable).

III. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the non-invasive vascular study CPT code.

IV. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.

V. 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.

VI. 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.

VII. It is the responsibility of the physician/provider to ensure the medical necessity of procedures and documentation of such in the medical record.

> **Note:** Although a Non-Invasive Vascular Study does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

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## E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Indiana Medicaid fee schedule. http://provider.indianamedicaid.com/general-provider-services/billing-and-remittance/fee-schedule.aspx

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.**

| CPT Codes | Definition |
|---|---|
| 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 |
| 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 |
| 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 |
| 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 |
| 93990 | Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) |
| 93998 | Unlisted noninvasive vascular diagnostic study |

| ICD-10 | Definition |
|---|---|
| I70.0 | Atherosclerosis of aorta |
| I72.4 | Aneurysm of artery of lower extremity |
| S85.142A | Laceration of anterior tibial artery, left leg, initial encounter |
| S45.002A | Unspecified injury of axillary artery, left side, initial encounter |
| Q87.82 | Arterial tortuosity syndrome |
| S85.819A | Laceration of other blood vessels at lower leg level, unspecified leg, initial encounter |
| I82.419 | Acute embolism and thrombosis of unspecified femoral vein |

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|---|---|
| S35.319S | Unspecified injury of portal vein, sequela |

## F. RELATED POLICIES/RULES

## G. REVIEW/REVISION HISTORY

| | DATE | ACTION |
|---|---|---|
| **Date Issued** | 01/01/2017 | New Policy. |
| **Date Revised** | 04/02/2019 | Revised CMS LCD in references. Link was broken and LCD has been superseded. |
| **Date Effective** | 01/01/2017 | |

## H. REFERENCES

1. IHCP Fee-For-Service Fee Schedule. (2017, February 25). Retrieved from http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/maxfee_search_results.asp#results
2. Duplex Ultrasound | Society for Vascular Surgery. (2017, February 10). Retrieved 2/10/2017 from https://vascular.org/patient-resources/vascular-tests/duplex-ultrasound
3. MedlinePlus - Search Results for: ultrasound. (2017, February 10). Retrieved 2/10/2017 from https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=ultrasound&_ga=1.239060934.798803354.1484937052
4. Current Procedural Terminology (CPT) and National Uniform Billing Committee (NUBC) L Current Procedural Terminology (CPT) and National Uniform Billing Committee (NUBC) Licenses. Retrieved 04/02/2019 from https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35755&ver=22&NCDId=201&ncdver=9&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCD&ArticleType=Ed%7cKey%7cSAD%7cFAQ&PolicyType=Final&s=-%7c5%7c6%7c66%7c67%7c44&KeyWord=Carotid+Angioplasty+Stenting&KeyWordLookUp=Doc&KeyWordSearchType=Or&kq=true&bc=IAAAACABAAAA&

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

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