



## REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Non-Invasive Vascular Studies		PY-0165	2/1/2020-03/31/2022
Policy Type			
Medical	Administrative	Pharmacy	<b>REIMBURSEMENT</b>

Reimbursement Policy Statement: 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 in this policy does not imply any right to reimbursement or guarantee claims payment.

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 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 test will determine the need for more non-invasive testing or procedures to treat vascular disease. CareSource will reimburse providers, for non-invasive vascular studies to members as set forth in this policy.

## C. Definitions

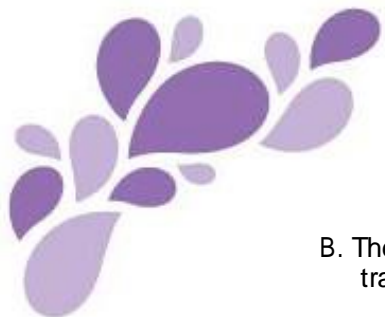
- **Duplex scan** – a non-invasive evaluation of blood flow through the arteries and veins, by combining the use of Doppler ultrasound with two-dimensional structure and motion with time and spectrum analysis and/or color flow velocity or mapping.
- **Non-invasive testing**- utilizes various types of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

## D. Policy

- I. CareSource does not require a prior authorization for a non-invasive vascular study.
- II. A referral must be on record for each non-invasive study performed. A referral for one type of study does not qualify as a referral for all tests.
- III. Although CareSource does not require a prior authorization for non-invasive vascular studies, CareSource may request documentation to support medical necessity as defined by Indiana Medicaid.

**Note:** 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. Non-Invasive vascular studies must be personally performed by a physician or technologist.
    - A. 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. The Technician performing the study must be capable of demonstrating documented training and experience and maintain any documentation upon CareSource request.
  - V. All non-invasive vascular diagnostic studies must be performed under at least one of the following settings:
    - 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
    - C. Performed in facilities with laboratories accredited in vascular technology
  - VI. 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.
- Note:** Although CareSource does not require a prior authorization for non-invasive vascular studies, CareSource may request documentation to support medical necessity, including the non-invasive vascular study hard copy or digital copy results.
- VII. 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.

**E. Conditions of Coverage**

Reimbursement is dependent on, but not limited to, submitting Indiana Medicaid approved CPT and/or HCPCS codes and the appropriate modifiers, if applicable. The appropriate ICD-10 diagnosis code must match the correct CPT and/or HCPCS code within this policy. Please refer to the Indiana Medicaid fee schedule for appropriate code.

- **The following list(s) of codes is provided as a reference. This list may not be all-inclusive and is subject to updates.**

CPT Code	Description
93880	Duplex scan of extracranial arteries; complete bilateral study
93882	Duplex scan of extracranial arteries; unilateral or limited study
93886	Transcranial Doppler study of the intracranial arteries; complete study
93888	Transcranial Doppler study of the intracranial arteries; limited study
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior



	tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
<b>93923</b>	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
<b>93924</b>	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
<b>93925</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
<b>93926</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
<b>93930</b>	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
<b>93931</b>	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
<b>93970</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
<b>93971</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
<b>93975</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
<b>93976</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
<b>93978</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
<b>93979</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
<b>93980</b>	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
<b>93981</b>	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
<b>93990</b>	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
<b>93998</b>	Unlisted noninvasive vascular diagnostic study



ICD 10 Codes						
A48	G97	I79-I83	N18	R42	S65	Z95
D57	H34-H35	I85-I87	N28	R47	S75	Z98-Z99
D68	H47	I96-I97	N50-N52	R55	S85	
D75	H53	J96	O22	R60	S95	
E08-E11	H81	K55	O86-O87	S06	T38	
E13	H93	K74-K76	Q27-Q28	S09	T45	
F52	I10	L53-L54	R04	S15	T79-T82	
G04	I12-I13	L76	R06-R07	S25	T87	
G45-G46	I16	L97	R09-R10	S35	Z01	
G54	I25-I27	M30-M31	R22	S38	Z09	
G81-G83	I60-I63	M79	R26-R27	S45	Z48	
G93	I65-I77	M96	R29	S55	Z86	

F. Related Policies/Rules

N/A

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	2/1/2020	Revision
<b>Date Revised</b>		
<b>Date Effective</b>	2/1/2020	
<b>Date Archived</b>	03/31/2022	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. IHCP Professional Fee Schedules. (2019, June 29). Retrieved from [http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee\\_home.asp](http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee_home.asp)
2. Indiana Medicaid - Understanding Terms. (2019, July 1). Retrieved from <https://www.in.gov/medicaid/members/131.htm>
3. Leers, S. A. (2019, July 3). Duplex Ultrasound. Retrieved from <https://vascular.org/patient-resources/vascular-tests/duplex-ultrasound>
4. Non-invasive Testing for Vascular Disease. (2019, January 7). Retrieved from <https://my.clevelandclinic.org/health/diagnostics/17545-vascular-disease-non-invasive-testing>

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

IN-P-0780

Date Issued 8/15/2019

OMPP Approved 10/31/2019