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Local Coverage Determination (LCD): Noninvasive Physiologic Studies of Upper or Lower Extremity Arteries (L33696)

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First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
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LCD Information

Document Information

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80
 CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations, Chapter 1, Section(s) 20.14, 20.29, 220.5
 CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3
 CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1
 42 CFR 410.32
 42 CFR 410.33

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Noninvasive peripheral arterial studies include two types of testing, noninvasive physiologic studies and duplex scans. Non-invasive physiologic studies are functional measurement procedures that include Doppler ultrasound studies, blood pressure measurements, transcutaneous oxygen tension measurements, or plethysmography. A complete extremity physiologic study includes pressure measurements and an additional physiologic technique, e.g., Doppler ultrasound study or plethysmography.

Plethysmography implies volume measurement procedures including air impedance or strain gauge methods. Plethysmography involves the measurement and recording (by one of several methods) of changes in the size of a body part as modified by the circulation of blood in that part.

Noninvasive physiologic studies are performed using equipment separate and distinct from the duplex scanner. Duplex scanning combines the information provided by two-dimensional imaging with pulsed-wave doppler techniques which allows analysis of the blood flow velocity.

Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided. The display may be a two-dimensional image with spectral analysis and color flow or a plethysmographic recording that allows for quantitative analysis.

Indications

In general, noninvasive arterial studies are indicated when endovascular or other invasive correction is contemplated, but not to follow noninvasive medical treatment regimens or to monitor unchanged symptomatology. The latter may be followed with physical findings, including Ankle/Brachial Indices (ABIs), and/or progression or relief of signs and/or symptoms.

Noninvasive physiologic studies of the upper or lower extremity arteries performed to establish the level and/or degree of arterial occlusive disease, will be considered medically necessary if a) significant signs and/or symptoms indicate a high likelihood of limb ischemia, and b) the patient is a candidate for invasive therapeutic procedures under any of the following circumstances:

- Claudication of less than one block or of such severity that it interferes significantly with the patient's occupation or lifestyle.
- Rest pain of ischemic origin (typically including the forefoot), associated with absent pulses, which becomes increasingly severe with elevation and diminishes with placement of the leg in a dependent position.
- Tissue loss defined as gangrene or pre-gangrenous changes of the extremity, or ischemic ulceration of the extremity occurring in the absence of pulses.
- Aneurysmal disease of the extremity.
- Evidence of thromboembolic events in an extremity.
- Evidence of compression/occlusion of the vascular structures supplying the upper or lower extremities.
- Blunt or penetrating trauma of the extremities (including complications of diagnostic and/or therapeutic procedures of an extremity).
- Follow-up studies post-operative conditions:
 - In the immediate post-operative period if re-established pulses are lost, become equivocal, or if the patient develops related signs and/or symptoms of ischemia with impending repeat intervention.
 - Following bypass surgery or post-angioplasty with or without stent placement at three months, six months and one year when clinically indicated.
 - Subsequent studies may be allowed if there is clinical evidence of recurrent vascular disease evidenced by signs (i.e. decreased ABI from previous exam) or symptoms (i.e., recurrence of claudication symptoms that interfere significantly

with the patient's occupation or lifestyle). For postoperative surveillance, either a limited Duplex or multi-level Doppler with pressures is usually sufficient, but it is not considered necessary to do both.

Transcutaneous oxygen tension measurements (TpO₂) are utilized in conditions for which hyperbaric oxygen therapy (HBO) is being considered, as well as for monitoring the course of HBO therapy. The following conditions are considered medically indicated uses for TpO₂ testing prior to, and during the course of HBO therapy:

- Acute traumatic peripheral ischemia
- Crush injuries and suturing of severed limbs
- Progressive necrotizing infections (necrotizing fasciitis)
- Acute peripheral arterial insufficiency
- Preparation and preservation of compromised skin grafts (not for primary management of wounds)
- Soft tissue radionecrosis as an adjunct to conventional treatment
- TpO₂ used to determine a line of demarcation between viable and non-viable tissue when surgery or amputation is anticipated

Limitations

A routine history and physical examination, which includes Ankle/Brachial Indices (ABIs), can readily document the presence or absence of ischemic disease in a majority of cases. It is not medically necessary to proceed beyond the physical examination for minor signs and symptoms such as hair loss, absence of a single pulse, relative coolness of a foot, shiny thin skin, or lack of toe nail growth unless related signs and/or symptoms are present which are severe enough to require possible invasive intervention.

An ABI is not a separately reimbursable procedure when performed by itself and would be considered part of the physical examination. When the ABI is abnormal (i.e.,

Examples of additional signs and symptoms that **do not** indicate medical necessity include:

- Continuous burning of the feet is considered to be a neurologic symptom.
- "Leg pain, nonspecific" or "Pain in limb" as single diagnoses are too general to warrant further investigation unless they can be related to other signs and symptoms.
- Edema rarely occurs with arterial occlusive disease unless it is in the immediate postoperative period, in association with another inflammatory process or in association with rest pain.
- Absence of relatively minor pulses (eg, dorsalis pedis or posterior tibial) in the absence of ischemic symptoms. The absence of pulses is not an indication to proceed beyond the physical examination unless related signs and/or symptoms are present which are severe enough to require possible invasive intervention.
- Screening of an asymptomatic patient is not covered.

In general, non-invasive studies of the arterial system are to be utilized when invasive correction is contemplated, but not to follow non-invasive medical treatment regimens (eg, to evaluate pharmacologic intervention) or to monitor unchanged symptomatology. The latter may be followed with physical findings including ABIs and/or progression or relief of signs and/or symptoms.

Noninvasive vascular testing studies are medically necessary only if the outcome will potentially impact the clinical management of the patient. For example, if a patient is (or is not) proceeding on to other diagnostic and/or therapeutic procedures regardless of the outcome of non-invasive studies, and non-invasive vascular procedures will not provide any unique diagnostic information that would impact patient management, then the non-invasive procedures are not medically necessary. If it is obvious from the findings of the history and physical examination that the patient is going to proceed to angiography, then non-invasive vascular studies are not medically necessary. It is also expected that the studies are not redundant of other diagnostic procedures that must be performed.

When an uninterpretable study (i.e., poor quality or not in accordance with regulatory standards) results in performing another type of study, only the successful study should be billed. For example, when an uninterpretable non-invasive physiologic study (CPT code 93922, 93923 or 93924) is performed which results in performing a duplex scan (CPT codes 93925 or 93926), only the duplex scan should be billed.

Noninvasive vascular procedures will not be covered when performed based on internal protocols of the testing facility; a referral for one noninvasive study is not a blanket referral for all studies. Each procedure must be specifically ordered by the physician/nonphysician practitioner treating the patient and the medical necessity criteria specified in this LCD must be met.

Typically, it is appropriate for follow-up studies post-angioplasty, with or without stent placement to be performed at three months, six months and one year. Subsequent studies may be allowed if there is clinical evidence of recurrent vascular disease evidenced by signs (i.e. decreased ABI from previous exam) or symptoms (i.e. recurrence of claudication). For postoperative surveillance, either a limited Duplex or multi-level Doppler with pressures is usually sufficient, but it is not considered necessary to do both.

Performance of both a physiological test (CPT codes 93922, 93923, 93924) and duplex scanning (CPT codes 93925, 93926) of extremity arteries during the same encounter would not generally be expected. Consequently, documentation must clearly support the medical necessity if both procedures are performed during the same encounter, and be available upon request. Note: Reimbursement of physiologic testing will not be allowed after a duplex scanning has been performed.

Since the signs and symptoms of arterial occlusive disease and venous disease are so divergent, the performance of simultaneous arterial and venous studies during the same encounter should be rare. Consequently, documentation must clearly support the medical necessity of both procedures if performed during the same encounter.

Performance of both non-invasive extracranial arterial studies (CPT code 93880 or 93882) and non-invasive evaluation of extremity arteries (CPT codes 93922, 93923, 93924) during the same encounter is not appropriate as a general practice or standing protocol, and therefore, would not generally be expected. Consequently, documentation must clearly support the medical necessity if both procedures are performed during the same encounter, and be available upon request.

Methods Not Acceptable for Reimbursement

The following methods are not covered per CMS Manual System, Pub 100-3, Medicare National Coverage Determinations, Chapter 1, Section 20.14 as these methods have not yet reached a level of development such as to allow their routine use in the evaluation of suspected peripheral vascular disease:

- Inductance Plethysmography

- Capacitance Plethysmography
- Mechanical Oscillometry
- Photoelectric Plethysmography

Also, the use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reported (CPT 2010, page 471). The appropriate assignment of a specific ultrasound CPT code is not solely determined by the weight, size, or portability of the equipment, but rather by the extent, quality, and documentation of the procedure. If an examination is performed with hand-carried equipment, the quality of the exam, printout, and report must be in keeping with accepted national standards. Doppler procedures performed with zero-crossers (e.g., analog [strip chart recorder] analysis) are also considered to be part of the evaluation and management service and should not be reported separately.

TRAINING REQUIREMENTS

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience.

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential

These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials
- The Cardiovascular Credentialing International (CCI) which provides RVS credential

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available upon request; otherwise the provider must have documentation available upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)
- American College of Radiology (ACR)

Additionally, the transcutaneous oxygen tension measurements (TpO₂) may be performed by personnel credentialed as a certified hyperbaric registered nurse (CHRN) or certified hyperbaric technologist (CHT) by the National Board of Diving and Hyperbaric Medical Technology (NBDHMT).

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Note: In accordance with 42 CFR 410.33, noninvasive vascular studies performed in an Independent Diagnostic Testing Facility (IDTF) include credentialing requirements that supersede those above. Noninvasive vascular studies performed in an IDTF must follow the supervision and credentialing guidelines set forth in the LCD for Independent Diagnostic Testing Facility (IDTF).

Notice: This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in the CMS online manual publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1: An item or service may be covered by a contractor LCD if it is reasonable and necessary under 1862(a)(1)(A) of The Act. Only reasonable and necessary provisions are considered part of the LCD. Contractors shall describe in the draft LCD the circumstances under which the item or service is reasonable and necessary under 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective;
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary); and
- Appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;
 - Furnished in a setting appropriate to the patient's medical needs and condition;
 - Ordered and furnished by qualified personnel;
 - One that meets, but does not exceed, the patient's medical need; and
 - At least as beneficial as an existing and available medically appropriate alternative.

Summary of Evidence

N/A

**Analysis of Evidence
(Rationale for Determination)**

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0460	Pulmonary Function - General Classification
0920	Other Diagnostic Services - General Classification
0921	Other Diagnostic Services - Peripheral Vascular Lab
0929	Other Diagnostic Services - Other Diagnostic Service

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

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)
93923	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)
93924	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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
<u>D78.01 - D78.22</u>	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen - Postprocedural hemorrhage of the spleen following other procedure
<u>E36.01 - E36.12</u>	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure - Accidental puncture and laceration of an endocrine system organ or structure during other procedure
<u>G97.31 - G97.32</u>	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure - Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
<u>G97.48 - G97.49</u>	Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure - Accidental puncture and laceration of other nervous system organ or structure during other procedure
<u>G97.51 - G97.52</u>	Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure - Postprocedural hemorrhage of a nervous system organ or structure following other procedure
G97.61	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
G97.62	Postprocedural hematoma of a nervous system organ or structure following other procedure
<u>H59.111 - H59.329</u>	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating an ophthalmic procedure - Postprocedural hemorrhage of unspecified eye and adnexa following other procedure
<u>H59.331 - H59.339</u>	Postprocedural hematoma of right eye and adnexa following an ophthalmic procedure - Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure
<u>H59.341 - H59.349</u>	Postprocedural hematoma of right eye and adnexa following other procedure - Postprocedural hematoma of unspecified eye and adnexa following other procedure
<u>H95.21 - H95.42</u>	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating a procedure on the ear and mastoid process - Postprocedural hemorrhage of ear and mastoid process following other procedure
I70.0	Atherosclerosis of aorta
<u>I70.201 - I70.269</u>	Unspecified atherosclerosis of native arteries of extremities, right leg - Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
<u>I70.301 - I70.799</u>	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg - Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity

I70.92	Chronic total occlusion of artery of the extremities
<u>I71.00 - I71.03</u>	Dissection of unspecified site of aorta - Dissection of thoracoabdominal aorta
I72.4	Aneurysm of artery of lower extremity
<u>I73.00 - I73.01</u>	Raynaud's syndrome without gangrene - Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.9	Peripheral vascular disease, unspecified
<u>I74.01 - I74.10</u>	Saddle embolus of abdominal aorta - Embolism and thrombosis of unspecified parts of aorta
I74.19	Embolism and thrombosis of other parts of aorta
<u>I74.2 - I74.8</u>	Embolism and thrombosis of arteries of the upper extremities - Embolism and thrombosis of other arteries
I76	Septic arterial embolism
I77.0	Arteriovenous fistula, acquired
I77.1	Stricture of artery
I77.2	Rupture of artery
I77.5	Necrosis of artery
I77.76	Dissection of artery of upper extremity
I77.77	Dissection of artery of lower extremity
<u>I97.410 - I97.42</u>	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization - Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure
<u>I97.51 - I97.52</u>	Accidental puncture and laceration of a circulatory system organ or structure during a circulatory system procedure - Accidental puncture and laceration of a circulatory system organ or structure during other procedure
<u>I97.610 - I97.618</u>	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization - Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure
<u>I97.620 - I97.621</u>	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure - Postprocedural hematoma of a circulatory system organ or structure following other procedure
<u>I97.630 - I97.638</u>	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization - Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure
<u>J95.61 - J95.62</u>	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating a respiratory system procedure - Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating other procedure
<u>J95.71 - J95.72</u>	Accidental puncture and laceration of a respiratory system organ or structure during a respiratory system procedure - Accidental puncture and laceration of a respiratory system organ or structure during other procedure
<u>J95.830 - J95.831</u>	Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure - Postprocedural hemorrhage of a respiratory system organ or structure following other procedure
J95.860	Postprocedural hematoma of a respiratory system organ or structure following a respiratory system procedure
J95.861	Postprocedural hematoma of a respiratory system organ or structure following other procedure

<u>K91.61 - K91.62</u>	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure - Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure
<u>K91.71 - K91.72</u>	Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure - Accidental puncture and laceration of a digestive system organ or structure during other procedure
<u>K91.840 - K91.841</u>	Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure - Postprocedural hemorrhage of a digestive system organ or structure following other procedure
K91.870	Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure
K91.871	Postprocedural hematoma of a digestive system organ or structure following other procedure
<u>L76.01 - L76.02</u>	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating a dermatologic procedure - Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating other procedure
<u>L76.11 - L76.12</u>	Accidental puncture and laceration of skin and subcutaneous tissue during a dermatologic procedure - Accidental puncture and laceration of skin and subcutaneous tissue during other procedure
<u>L76.21 - L76.22</u>	Postprocedural hemorrhage of skin and subcutaneous tissue following a dermatologic procedure - Postprocedural hemorrhage of skin and subcutaneous tissue following other procedure
L76.31	Postprocedural hematoma of skin and subcutaneous tissue following a dermatologic procedure
L76.32	Postprocedural hematoma of skin and subcutaneous tissue following other procedure
<u>L97.101 - L97.929</u>	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin - Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
<u>L98.411 - L98.429</u>	Non-pressure chronic ulcer of buttock limited to breakdown of skin - Non-pressure chronic ulcer of back with unspecified severity
<u>M31.8 - M31.9</u>	Other specified necrotizing vasculopathies - Necrotizing vasculopathy, unspecified
<u>M96.810 - M96.831</u>	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a musculoskeletal system procedure - Postprocedural hemorrhage of a musculoskeletal structure following other procedure
M96.840	Postprocedural hematoma of a musculoskeletal structure following a musculoskeletal system procedure
M96.841	Postprocedural hematoma of a musculoskeletal structure following other procedure
<u>N99.61 - N99.62</u>	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure - Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating other procedure
<u>N99.71 - N99.72</u>	Accidental puncture and laceration of a genitourinary system organ or structure during a genitourinary system procedure - Accidental puncture and laceration of a genitourinary system organ or structure during other procedure
<u>N99.820 - N99.821</u>	Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure - Postprocedural hemorrhage of a genitourinary system organ or structure following other procedure
N99.840	Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure
N99.841	Postprocedural hematoma of a genitourinary system organ or structure following other procedure

<u>S45.101A - S45.899S</u>	Unspecified injury of brachial artery, right side, initial encounter - Other specified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, sequela
<u>S55.001A - S55.899S</u>	Unspecified injury of ulnar artery at forearm level, right arm, initial encounter - Other specified injury of other blood vessels at forearm level, unspecified arm, sequela
<u>S65.001A - S65.399S</u>	Unspecified injury of ulnar artery at wrist and hand level of right arm, initial encounter - Other specified injury of deep palmar arch of unspecified hand, sequela
<u>S65.502A - S65.899S</u>	Unspecified injury of blood vessel of right middle finger, initial encounter - Other specified injury of other blood vessels at wrist and hand level of unspecified arm, sequela
<u>S75.001A - S75.099S</u>	Unspecified injury of femoral artery, right leg, initial encounter - Other specified injury of femoral artery, unspecified leg, sequela
<u>S75.801A - S75.899S</u>	Unspecified injury of other blood vessels at hip and thigh level, right leg, initial encounter - Other specified injury of other blood vessels at hip and thigh level, unspecified leg, sequela
<u>S85.001A - S85.099S</u>	Unspecified injury of popliteal artery, right leg, initial encounter - Other specified injury of popliteal artery, unspecified leg, sequela
<u>S85.131A - S85.159S</u>	Unspecified injury of anterior tibial artery, right leg, initial encounter - Other specified injury of anterior tibial artery, unspecified leg, sequela
<u>S85.201A - S85.299S</u>	Unspecified injury of peroneal artery, right leg, initial encounter - Other specified injury of peroneal artery, unspecified leg, sequela
<u>S85.801A - S85.899S</u>	Unspecified injury of other blood vessels at lower leg level, right leg, initial encounter - Other specified injury of other blood vessels at lower leg level, unspecified leg, sequela
<u>S95.101A - S95.899S</u>	Unspecified injury of plantar artery of right foot, initial encounter - Other specified injury of other blood vessels at ankle and foot level, unspecified leg, sequela
<u>T82.310A - T82.49XS</u>	Breakdown (mechanical) of aortic (bifurcation) graft (replacement), initial encounter - Other complication of vascular dialysis catheter, sequela
<u>T82.510A - T82.510S</u>	Breakdown (mechanical) of surgically created arteriovenous fistula, initial encounter - Breakdown (mechanical) of surgically created arteriovenous fistula, sequela
<u>T82.511A - T82.511S</u>	Breakdown (mechanical) of surgically created arteriovenous shunt, initial encounter - Breakdown (mechanical) of surgically created arteriovenous shunt, sequela
<u>T82.513A - T82.513S</u>	Breakdown (mechanical) of balloon (counterpulsation) device, initial encounter - Breakdown (mechanical) of balloon (counterpulsation) device, sequela
<u>T82.514A - T82.514S</u>	Breakdown (mechanical) of infusion catheter, initial encounter - Breakdown (mechanical) of infusion catheter, sequela
<u>T82.515A - T82.515S</u>	Breakdown (mechanical) of umbrella device, initial encounter - Breakdown (mechanical) of umbrella device, sequela
<u>T82.518A - T82.518S</u>	Breakdown (mechanical) of other cardiac and vascular devices and implants, initial encounter - Breakdown (mechanical) of other cardiac and vascular devices and implants, sequela
<u>T82.520A - T82.520S</u>	Displacement of surgically created arteriovenous fistula, initial encounter - Displacement of surgically created arteriovenous fistula, sequela
<u>T82.521A - T82.521S</u>	Displacement of surgically created arteriovenous shunt, initial encounter - Displacement of surgically created arteriovenous shunt, sequela
<u>T82.523A - T82.523S</u>	Displacement of balloon (counterpulsation) device, initial encounter - Displacement of balloon (counterpulsation) device, sequela
<u>T82.524A - T82.524S</u>	Displacement of infusion catheter, initial encounter - Displacement of infusion catheter, sequela

<u>T82.525A - T82.525S</u>	Displacement of umbrella device, initial encounter - Displacement of umbrella device, sequela
<u>T82.528A - T82.528S</u>	Displacement of other cardiac and vascular devices and implants, initial encounter - Displacement of other cardiac and vascular devices and implants, sequela
<u>T82.529A - T82.529S</u>	Displacement of unspecified cardiac and vascular devices and implants, initial encounter - Displacement of unspecified cardiac and vascular devices and implants, sequela
<u>T82.530A - T82.530S</u>	Leakage of surgically created arteriovenous fistula, initial encounter - Leakage of surgically created arteriovenous fistula, sequela
<u>T82.531A - T82.531S</u>	Leakage of surgically created arteriovenous shunt, initial encounter - Leakage of surgically created arteriovenous shunt, sequela
<u>T82.533A - T82.533S</u>	Leakage of balloon (counterpulsation) device, initial encounter - Leakage of balloon (counterpulsation) device, sequela
<u>T82.534A - T82.534S</u>	Leakage of infusion catheter, initial encounter - Leakage of infusion catheter, sequela
<u>T82.535A - T82.535S</u>	Leakage of umbrella device, initial encounter - Leakage of umbrella device, sequela
<u>T82.538A - T82.538S</u>	Leakage of other cardiac and vascular devices and implants, initial encounter - Leakage of other cardiac and vascular devices and implants, sequela
<u>T82.590A - T82.590S</u>	Other mechanical complication of surgically created arteriovenous fistula, initial encounter - Other mechanical complication of surgically created arteriovenous fistula, sequela
<u>T82.591A - T82.591S</u>	Other mechanical complication of surgically created arteriovenous shunt, initial encounter - Other mechanical complication of surgically created arteriovenous shunt, sequela
<u>T82.593A - T82.593S</u>	Other mechanical complication of balloon (counterpulsation) device, initial encounter - Other mechanical complication of balloon (counterpulsation) device, sequela
<u>T82.594A - T82.594S</u>	Other mechanical complication of infusion catheter, initial encounter - Other mechanical complication of infusion catheter, sequela
<u>T82.595A - T82.595S</u>	Other mechanical complication of umbrella device, initial encounter - Other mechanical complication of umbrella device, sequela
<u>T82.598A - T82.598S</u>	Other mechanical complication of other cardiac and vascular devices and implants, initial encounter - Other mechanical complication of other cardiac and vascular devices and implants, sequela
<u>T82.897A - T82.897S</u>	Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter - Other specified complication of cardiac prosthetic devices, implants and grafts, sequela
<u>T82.898A - T82.898S</u>	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter - Other specified complication of vascular prosthetic devices, implants and grafts, sequela

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Group 2 Paragraph:

Covered conditions for HBO therapy with associated transcutaneous oxygen tension measurements (TpO2) are limited to the following:

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
<u>I74.2 - I74.4</u>	Embolism and thrombosis of arteries of the upper extremities - Embolism and

	thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery
M72.6	Necrotizing fasciitis
<u>S35.511A - S35.513S</u>	Injury of right iliac artery, initial encounter - Injury of unspecified iliac artery, sequela
<u>S45.001A - S45.099S</u>	Unspecified injury of axillary artery, right side, initial encounter - Other specified injury of axillary artery, unspecified side, sequela
<u>S47.1XXA - S47.9XXS</u>	Crushing injury of right shoulder and upper arm, initial encounter - Crushing injury of shoulder and upper arm, unspecified arm, sequela
<u>S57.00XA - S57.82XS</u>	Crushing injury of unspecified elbow, initial encounter - Crushing injury of left forearm, sequela
<u>S67.20XA - S67.92XS</u>	Crushing injury of unspecified hand, initial encounter - Crushing injury of unspecified part(s) of left wrist, hand and fingers, sequela
<u>S75.001A - S75.099S</u>	Unspecified injury of femoral artery, right leg, initial encounter - Other specified injury of femoral artery, unspecified leg, sequela
<u>S77.00XA - S77.22XS</u>	Crushing injury of unspecified hip, initial encounter - Crushing injury of left hip with thigh, sequela
<u>S85.001A - S85.099S</u>	Unspecified injury of popliteal artery, right leg, initial encounter - Other specified injury of popliteal artery, unspecified leg, sequela
<u>S87.00XA - S87.82XS</u>	Crushing injury of unspecified knee, initial encounter - Crushing injury of left lower leg, sequela
<u>S97.00XA - S97.82XS</u>	Crushing injury of unspecified ankle, initial encounter - Crushing injury of left foot, sequela
<u>T66.XXXA - T66.XXXS</u>	Radiation sickness, unspecified, initial encounter - Radiation sickness, unspecified, sequela
<u>T86.820 - T86.829</u>	Skin graft (allograft) rejection - Unspecified complication of skin graft (allograft) (autograft)
<u>T87.0X1 - T87.2</u>	Complications of reattached (part of) right upper extremity - Complications of other reattached body part

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ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements

Medical record documentation maintained by the ordering/referring physician/nonphysician practitioner must clearly indicate the medical necessity of non-invasive physiologic studies of the upper or lower extremity arteries i.e., signs and symptoms, relevant history (including known diagnoses, and/or prior imaging). This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Also, the results of arterial studies must be included in the patient's medical record. A hard copy or soft copy convertible to a hard copy provides a permanent record of the study performed and must be of a quality that meets accepted medical standards. If performing procedure code 93924, documentation must include results of resting studies and after treadmill stress testing studies. This information is normally found in the office/progress notes and test results.

If the provider of non-invasive physiologic studies of arteries of the upper or lower extremity is other than the ordering/referring physician/nonphysician practitioner, the provider of the service must maintain a copy of the test results and interpretation, along with copies of the ordering/referring physician/nonphysician practitioner's order for the studies. When ordering arterial studies from another provider, the ordering/referring physician/nonphysician practitioner must state the reason for the studies in his/her order for the test.

The provider is responsible for ensuring the medical necessity of procedures and maintaining the medical record, which must be available upon request. Non-invasive vascular studies are medically reasonable and necessary only if the outcome will potentially

impact the diagnosis or clinical course of the patient. Billing providers are encouraged to obtain additional information from referring providers and/or patients or medical records to determine the medical necessity of studies performed. Referring physicians are required to provide appropriate diagnostic information to the performing provider.

Noninvasive vascular procedures will not be covered when performed based on internal protocols of the testing facility; a referral for one non-invasive study is not a blanket referral for all studies. The provider treating the patient must specifically order the procedures in writing; an order must be on record for each non-invasive study performed.

When an uninterpretable study (i.e., poor quality or not in accordance with regulatory standards) results in performing another type of study, only the successful study should be billed. For example, when an uninterpretable non-invasive physiologic study (CPT code 93922, 93923 or 93924) is performed which results in performing a duplex scan (CPT codes 93925 or 93926), only the duplex scan should be billed.

Performance of both a physiological test (CPT codes 93922, 93923, 93924) and duplex scanning (CPT codes 93925, 93926) of extremity arteries during the same encounter would not generally be expected. Consequently, documentation must clearly support the medical necessity if both procedures are performed during the same encounter, and be available upon request. Note: Reimbursement of physiologic testing will not be allowed after a duplex scan has been performed.

Since the signs and symptoms of arterial occlusive disease and venous disease are so divergent, the performance of simultaneous arterial and venous studies during the same encounter should be rare. Consequently, documentation must clearly support the medical necessity of both procedures if performed during the same encounter.

Performance of both non-invasive extracranial arterial studies (CPT code 93880 or 93882) and non-invasive evaluation of extremity arteries (CPT codes 93922, 93923, 93924) during the same encounter is not appropriate as a general practice or standing protocol, and therefore, would not generally be expected. Consequently, documentation must clearly support the medical necessity if both procedures are performed during the same encounter, and be available upon request.

Documentation must support the criteria for coverage as set forth in the 'Indications and Limitations of Coverage and/or Medical Necessity' section of this LCD and should reflect how the results of this test will be used in the patient's plan of care.

The medical necessity for performing repeat extremity arterial studies must be clearly documented in the medical record.

Per 42 CFR §410.32, all diagnostic tests must be ordered by the physician/nonphysician practitioner who is treating the patient, that is, the physician/nonphysician practitioner who furnishes a consultation or treats a patient for a specific medical problem and who uses the results in the management of the patient's specific medical problem. Tests not ordered by the physician/nonphysician practitioner who is treating the patient are not reasonable and necessary.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Customarily, transcutaneous oxygen tension measurements (TpO₂) are acceptable for evaluating healing potential in non-healing or difficult-to-heal wounds at a frequency of no more than twice in any 60-day period.

Generally, it is not expected that these services would be performed more than once a year, excluding inpatient hospital (21) and emergency room (23) places of service.

Note: This LCD imposes utilization guideline limitations. Each patient's condition and response to treatment must medically warrant the number of services reported for payment. The medical necessity for each service reported to be clearly demonstrated in the patient's medical record is required. It is expected that patients will not routinely require the maximum allowable number of services.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L28959, L29237, L29324

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N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/09/2018	R4	Revision Number: 3 Publication: January 2018 Connection LCR A/B2018-005 Explanation of Revision: Based on an annual review of the LCD, it was determined that some of the italicized language in the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD does not represent direct quotation from the CMS sources listed in the LCD; therefore, this LCD is being revised to assure consistency with the CMS sources. The effective date of this revision is based on date of service. 01/09/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> Other (Annual Review completed on 11/08/2017.)
10/01/2017	R3	Revision Number: 3 Based on CR 10153 (2018 ICD-10 Update) LCD was evaluated and impacts identified. The new ICD-10-CM changes are effective for dates of service on or after 10/01/2017.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2016	R2	Revision Number: 2 Publication: October 2016 Connection	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

		<p>LCR A/B2016-097</p> <p>Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Descriptor revised for ICD-10-CM diagnosis code ranges D78.01-D78.22, G97.51-G97.52, H59.111-H59.329, H95.21-H95.42, I97.610-I97.618, J95.830-J95.831, K91.840-K91.841, L76.21-L76.22, M96.810-M96.831, N99.820-N99.821, and T83.81XA-T83.9XXS in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. In addition, ICD-10-CM diagnosis code range I97.610-I97.62 is revised to read: I97.610-I97.618 and ICD-10-CM diagnosis code range T85.81XA – T85.9XXS is revised to read: T85.810A – T85.9XXS in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. Also, added ICD-10-CM diagnosis codes G97.61, G97.62, H59.331 – H59.339, H59.341 – H59.349 I77.76, I77.77, I97.620-I97.621, I97.630-I97.638, J95.860, J95.861, K91.870, K91.871, L76.31, L76.32, M96.840, M96.841, N99.840 and N99.841 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. Additionally, deleted ICD-10-CM diagnosis code I97.62 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is based on date of service.</p>	
01/12/2016	R1	<p>Revision Number: 1 Publication: January 2016 Connection LCR A/B2016-028</p> <p>Explanation of Revision: This LCD is being revised to replace CPT code 93881 with 93882 in the "Limitations" and "Documentation Requirements" sections of the LCD. The effective date of this revision is based on process date.</p>	<ul style="list-style-type: none"> • Other

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

[A55863 - Non-invasive physiologic studies of upper or lower extremity arteries revision to the Part A and Part B LCD](#)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/11/2018 with effective dates 01/09/2018 - N/A

[Updated on 09/22/2017 with effective dates 10/01/2017 - 01/08/2018](#)

[Updated on 10/10/2016 with effective dates 10/01/2016 - 09/30/2017](#)

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Keywords

N/A

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