



Noninvasive Vascular Studies Data Analysis

7/21/2022



Today's Presenters

- Carleen Parker, Consultant
 - Provider Outreach and Education
- Nathan L. Kennedy, Jr., CHC, CPC, CPPM, CPC-I, CPB, CPMA
 - Provider Outreach and Education

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
- This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Improving efficiency and reducing administrative burden by knowing policies prior to submitting claims and avoiding costly appeals.

Agenda

- Noninvasive Vascular Studies
 - LCD Policy
 - Codes, coverage indications and limitations
- Appeals process
- Data Analysis
- Medical Necessity
- LCD Reconsideration Process

Noninvasive Vascular Studies

- Utilizes ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in arterial and venous systems
- Display may be two dimensional image with spectral analysis and color flow or plethysmographic recording
- Noninvasive vascular studies include duplex scans, physiologic studies and plethysmography

Know Medicare Policies

- Become familiar with LCDs and NCDs
 - Not all covered Medicare services are subject to
 - Local Coverage Determination or
 - National Coverage Determination
 - LCDs are linked to CMS Medicare Coverage Database from NGS Website Medical Policy Center
 - NCDs are linked to CMS Medicare Coverage Database from NGS Website Medical Policy Center
 - [Medicare Coverage Determination Process](#)

Local Coverage Determinations


- Noninvasive Vascular Studies [L33627](#)
- Related terms and codes
 - Noninvasive, leg, clot, plethysmography, duplex scan, Doppler, cerebrovascular, arterial, venous, hemodialysis
 - 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93970, 93971, 93985, 93986, 93990
 - Look at [ICD-10-CM](#) codes that support or do not support medical necessity and submit claim correctly first time

NGSMedicare Website

NGSConnex

Subscribe for Email Updates

Part B Provider in Maine



HOME


EDUCATION

RESOURCES

EVENTS

ENROLLMENT

APPS



Resources

MEDICAL POLICIES

National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below.

Please note: There are many procedures for which NGS does not have an LCD/Billing and Coding Article. If your search does not return any coverage documents, then NGS does not have a local coverage statement for that procedure.

For additional Medical Policy Topics, refer to the bottom of the page.

[\[View Draft Policies\]](#) | [\[View Future Effective LCDs\]](#) | [\[View Future Effective Billing & Coding Articles\]](#) | [\[National Coverage Determinations\]](#)

FEEDBACK

Noninvasive Vascular Studies

Related terms: NonInvasive, leg, clot, plethysmography, duplex scan, Doppler, cerebrovascular, arterial, venous, hemodialysis

L33627

A56758

93880, 93882, 93886, 93888, 93890, 93892, 93893, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93970, 93971, 93985, 93986, 93990

Noninvasive Vascular Testing

- Radiology procedure used to evaluate blood flow in your arteries and veins
- Testing provides information that can be use to
 - Find and evaluate arterial disease
 - Evaluate leg pain
 - Locate narrowing (stenosis) in blood vessels
 - Find blood clots
 - Follow up studies after angioplasty or atherectomy

Noninvasive Vascular Diagnostic Studies

- Shall be performed under at least one of following settings
 - Performed by physician competent in diagnostic vascular studies or under the general supervision of physicians demonstrated minimum entry level competency by being credentialed in vascular technology
 - Performed by technician certified in vascular technology
 - Performed in facilities with laboratories accredited in vascular technology

General Limitations

- Referral must be on record for each noninvasive study performed
 - Referral for one type of study does not qualify for all tests
- Noninvasive vascular studies are considered medically necessary only if
 - Outcome will potentially impact patient's clinical course

General Limitations

- Noninvasive vascular studies are considered medically necessary only if
 - Helpful assessing adequacy of venous conduits, prior to various vascular interventions
- Use of any Doppler device that produces record that does not permit analysis of bidirectional vascular flow or that does not provide a hard copy printout is part of the physical exam of the vascular system and is not reported separately

General Limitations

- May be necessary to perform simultaneous arterial and venous studies during same encounter
 - Documentation must be available to support the medical necessity for both studies
- Rarely necessary to perform cerebrovascular and upper extremity studies on same day
 - Clinical suspicion of extra-cranial carotid disease as justification for pre-operative Doppler studies must be supported in medical records

Coverage Indications and Limitations

- Extracranial Arterial Studies
- Transcranial Doppler (TCD) Studies
- Peripheral Arterial Examinations
- Peripheral Venous Examinations
 - Deep Vein Thrombosis (DVT)
 - Chronic Venous Insufficiency
 - Vein Mapping
- Visceral Vascular Studies

Indications and Limitations

- Hemodialysis Access Examination
- Vessel Mapping of Vessels for Hemodialysis Access
- [Summary of Evidence and Analysis of Evidence](#)
 - Rationale for Determination
- [Local Coverage Determination \(L33627\)](#)
specifies NGS policy for noninvasive vascular study testing

Costly Appeals Process

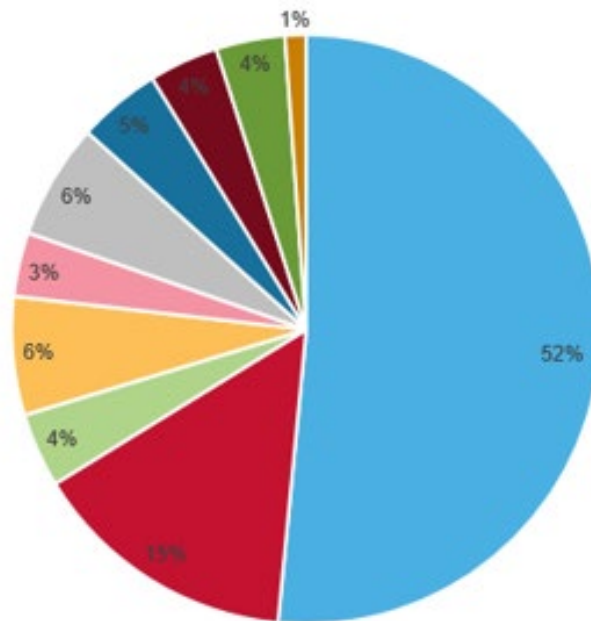
- **Level One**
 - [Redetermination](#) National Government Services
- **Level Two**
 - [Reconsideration by a Qualified Independent Contractor](#)
- **Level Three**
 - [Office of Medicare Hearings and Appeals \(OMHA\)](#)
- **Level Four**
 - [Review by the Medicare Appeals Council](#)
- **Level Five**
 - [Judicial Review in Federal District Court](#)

Avoid Appeals

- Take holistic approach and follow these steps before submitting an appeal or a reopening to NGS Medicare Part B
 1. Is claim within time limit?
 2. What is the CPT/HCPCS code(s) policy?
 3. Should a modifier be used with the code(s)?
 4. Know the difference between [Reopening and Redetermination](#).
 5. Visit [NGS Website](#) for every surgical CPT code via [Fee Schedule Lookup](#).
 6. Does the code have a [Medically Unlikely Edit](#)?
 7. Are services distinct from other procedures [National Correct Coding Initiative PTP](#)?
- Once you have gone through all these steps, you may submit your claim to NGS

Noninvasive Vascular Studies Claim Denials

Q1 Jan-March 2022
J6 and JK Claim Denials
Noninvasive Vascular Studies



- Medical Necessity
- Medicare Advantage
- Ordering Referring Illegible
- No Medicare Eligibility
- SNF OPPS CB
- ABN Medical Necessity
- Duplicate Billing Causing Denials
- Medicare is Secondary Payer
- Exact Duplicate
- Ordering and Referring Mismatch

Medical Necessity

- In general, noninvasive studies of the arterial system are utilized when invasive correction is contemplated or when vessels are being harvested for potential use as grafts
- Responsibility of physician/provider to ensure medical necessity of procedures and documentation of such in medical record(s)

Medical Necessity

- Medically necessary when conditions are met
 - Significant signs/symptoms of arterial or venous disease are present
 - Information is necessary for appropriate medical and/or surgical management
 - Test is not redundant of other diagnostic procedures that must be performed

Coding Guidelines

- Procedure codes may be subject to NCCI edits or OPPS packaging edits
 - Refer to NCCI and OPPS requirements prior to billing Medicare
- For services requiring a referring/ordering physician, name and NPI of referring/ordering physician must be reported on claim

Coding Guidelines

- Claim(s) submitted without valid ICD-10-CM diagnosis code will be returned as incomplete claim
 - Per Section 1833(e) of Social Security Act
- Diagnosis code(s) must best describe patient's condition for which service was performed
- Diagnostic tests: report result of test if known; otherwise, symptoms prompting performance of test should be reported

Coding Guidelines

- Codes 93985 or 93986 should be used for initial autogenous access vessel mapping
- Codes 93970 and 93971 may be used for subsequent access mapping
- If service done for monitoring purposes, it's not covered under Part B
 - No separate payment for noninvasive vascular studies for monitoring access site of ESRD patient

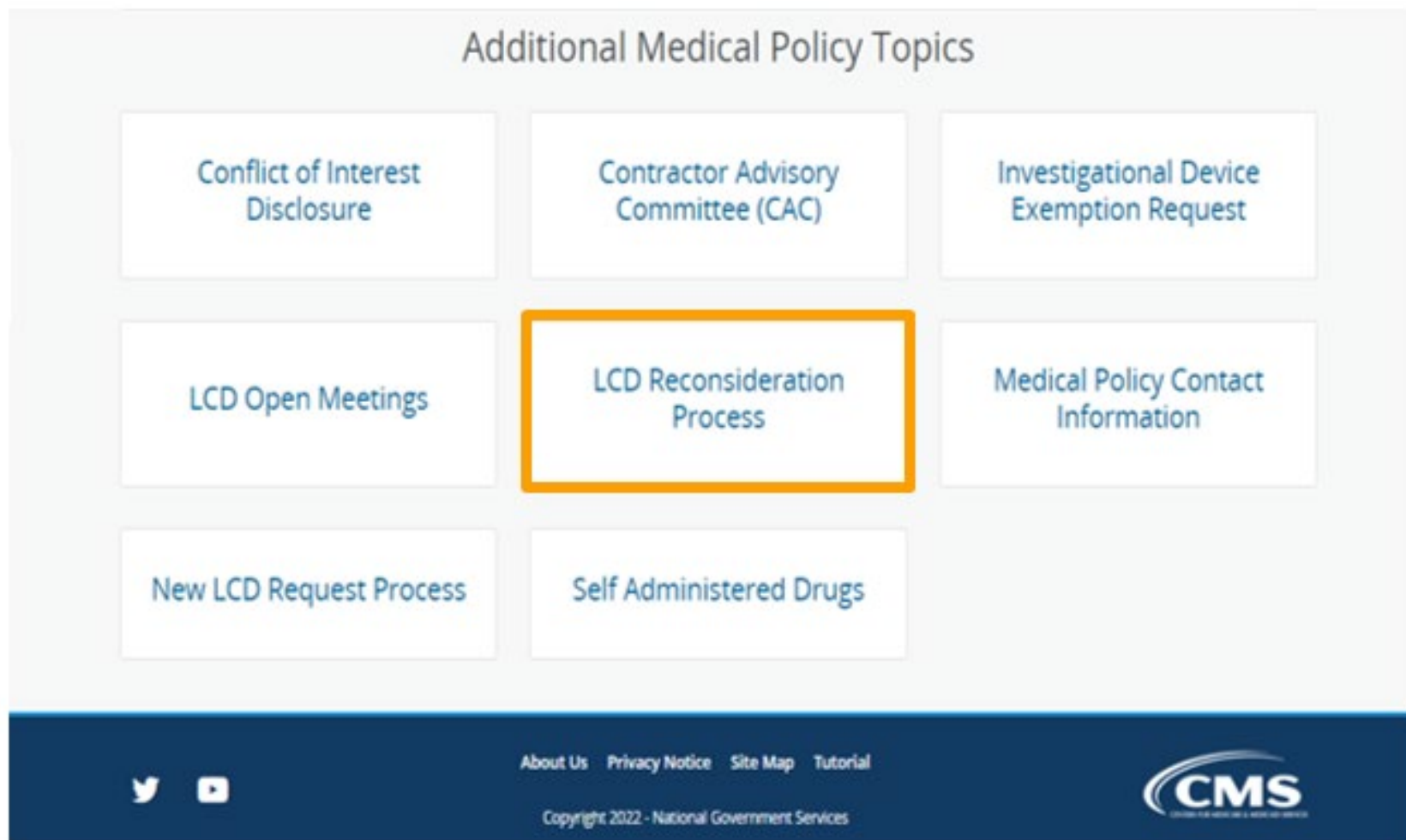
Coding Guidelines

- Technical component codes 93985 or 93986 and CPT code 93990 (modifier TC) performed in ESRD facilities or for ESRD patients is included in the composite payment rate
- The professional component for procedure (modifier 26) is included in the monthly capitation payment (MCP) if billed by the MCP physician
- Physicians other than the MCP provider may bill separately for interpretations of tests

Coding Guidelines

- Services performed on ESRD patients by entities outside the ESRD facility must bill the ESRD facility for payment of monitoring procedures

Additional Medical Policy Topics



Reconsideration Request Process

- LCD reconsideration process is mechanism by which beneficiary or stakeholder (including a medical professional society or physician) in NGS jurisdiction can request a revision
- LCD reconsideration process differs from an initial request for LCD in that it is available only for final, effective LCDs
- Entire LCD or any provision may be considered

Acceptable Requests

- LCD Reconsideration Process is available only
 - Final, effective LCDs
 - Entire LCD
 - Any provision of LCD policy

Unacceptable Requests

- National Coverage Determinations (NCDs)
- Coverage provisions in interpretive manuals
- Proposed LCDs
- Template LCDs
- Retired LCDs
- Individual claim determinations
- Bulletins, articles, training materials
- When no LCD exists

Submission Documentation Requirements

- Submitted in writing and include
 - Name and address of requestor
 - Name and address of organization and nature of that organization
 - Email address (preferred)
 - Telephone number (optional)
 - Name of final effective LCD and copies of published evidence
 - Language want to be added to or deleted from LCD

Submission Documentation Requirements

- Request shall also include
 - Justification supported by peer reviewed evidence
 - Full copies of published evidence to be considered shall be included and failure to include same invalidates the request
 - Information that addresses relevance, usefulness, clinical health outcomes, or the medical benefits

LCD Reconsideration Submission Methods

- Mail
 - National Government Services, Inc.
Medical Policy Unit
Attention: LCD Reconsideration Request
P.O. Box 7108
Indianapolis, IN 46207-7108
- Email
 - NGS.lcd.reconsideration@anthem.com
- Fax
 - (317) 595-4334

What to Expect

- Based on [CR10901: Local Coverage Determinations \(LCDs\)](#)
- NGS will review materials received within 60 calendar days upon receipt
- NGS will determine whether request is valid or invalid and will notify the requestor of final determination

Valid or Invalid

- Valid request possible action
 - If request is valid, NGS will open LCD and follow LCD process as outlined in [CMS Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.2](#)
- Invalid request action
 - If request is invalid, NGS will explain the reason(s) request is invalid

NGS Challenge

- Avoid administrative burden
- Review all codes part of LCD or NCD
 - [Medical Policies](#)
- Assess ICD-10-CM
- Ensure your billing staff is aware
- Monitor success
- Celebrate increased revenue

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

