

# Virtual Conference – Avoiding Appeals: Noninvasive Vascular Studies

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# Today's Presenters

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# 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

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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 Appeals [Redetermination](#) National Government Services

Level Two Appeals [Reconsideration by a Qualified Independent Contractor](#)

Level Three Appeals [Office of Medicare Hearings and Appeals \(OMHA\)](#)

Level Four [Appeals Review by the Medicare Appeals Council](#)

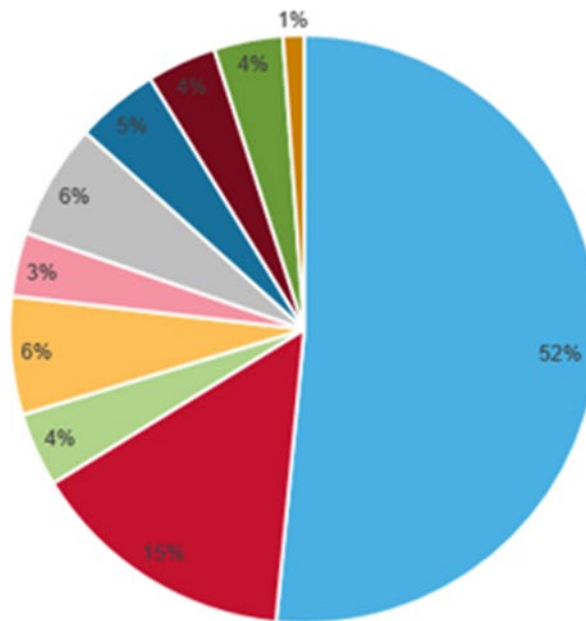
Level Five Appeals [Judicial Review in Federal District Court](#)

# 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

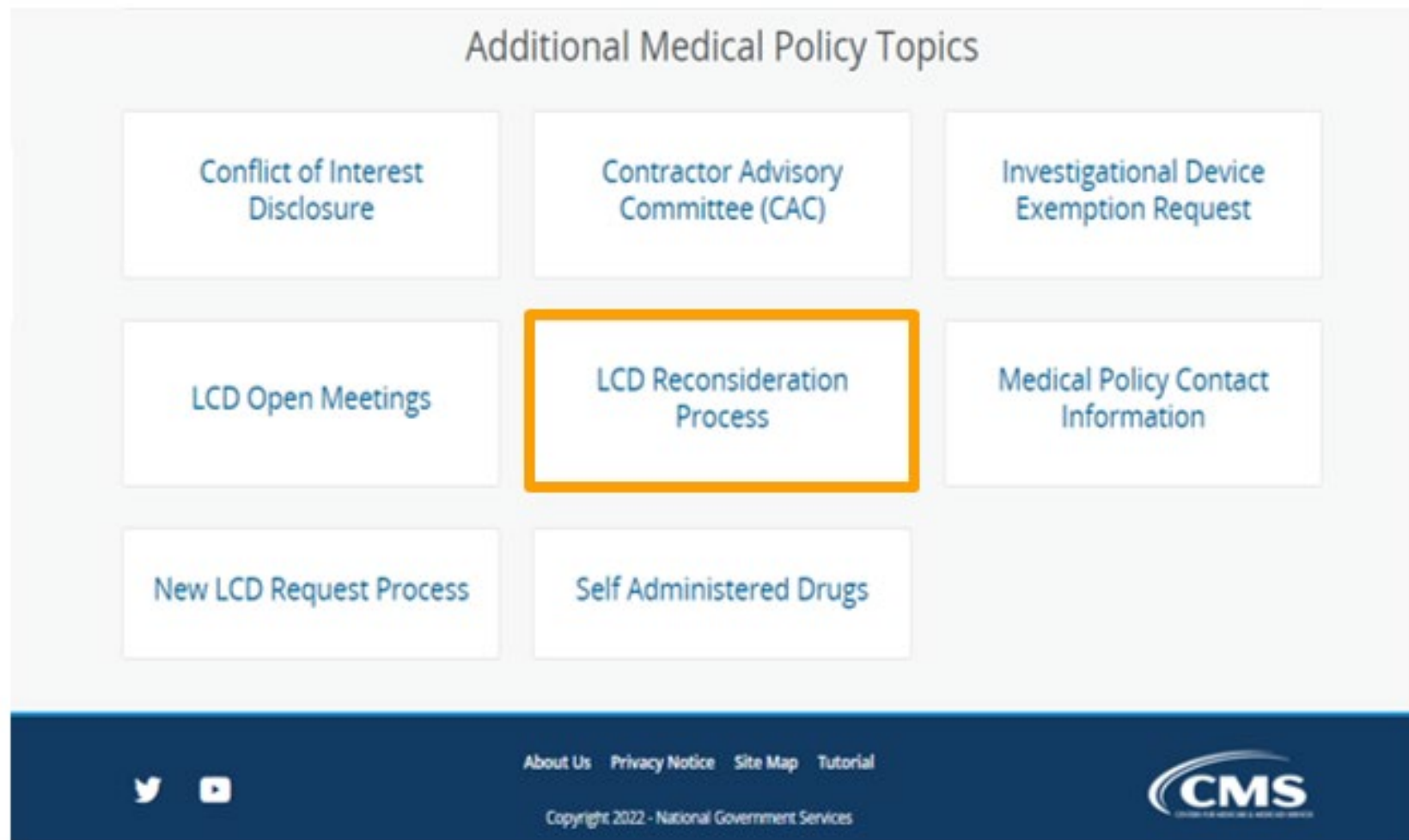
# Coding Guidelines

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

# Coding Guidelines

- Services performed on ESRD patients by entities outside ESRD facility must bill 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](mailto: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?

