### Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>American Samoa</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Northern Marianna Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
</tbody>
</table>

### LCD Information

#### Document Information

- **LCD ID**: L34229
- **Original Effective Date**: For services performed on or after 10/01/2015
- **Revision Effective Date**: For services performed on or after 10/01/2019
- **Revision Ending Date**: N/A
- **Retirement Date**: N/A
- **Source Proposed LCD**: N/A
- **AMA CPT / ADA CDT / AHA NUBC Copyright Statement**: CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.
- **Notice Period Start Date**: N/A
- **Notice Period End Date**: N/A
CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

The Code of Federal Regulations (CFR), 42 CFR §410.32. Specifies that all diagnostic tests “must be ordered by the physician who is treating the beneficiary.”

The Code of Federal Regulations (CFR), 42 CFR §411.15(k)(1). States any services that are not reasonable and necessary are excluded from coverage.


CMS Manual System, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3, Diagnosis Code Requirement.

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

Noninvasive peripheral venous studies are useful in the diagnosis of valvular insufficiency and the evaluation of deep and superficial venous thrombosis.

"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." (End of Quote) (CPT 2007, p 398)

Duplex Venous Evaluation
Doppler ultrasound and B-mode real-time imaging are combined to maximize the anatomic and physiologic information regarding the deep and superficial veins in the upper and lower extremities, including the major axial deep veins in the lower leg and the intramuscular veins. Duplex exam has replaced venography as the initial imaging study of deep venous thrombosis.

Impedance Plethysmography (IPG)
IPG measures the volume changes of the limb in response to the inflation and deflation of a thigh cuff. The test is highly sensitive (92%) and specific (95%) for symptomatic proximal DVT (Deep Vein Thrombosis) and has a high positive predictive value (90%). A normal result essentially excludes the diagnosis of proximal DVT. The sensitivity of IPG is low in calf vein thrombosis (20%) and in screening for DVT in asymptomatic postoperative high-risk patients (22%)

Indications for venous examinations are separated into four major categories: deep vein thrombosis, chronic venous insufficiency, and evaluation of pre- and post-procedural venous conditions. Studies are reasonable and necessary only if the patient can be a candidate for anticoagulation, thrombolysis or invasive therapeutic procedures for the following indications:

A. Deep Vein Thrombosis (DVT)
DVT is the most common vascular disorder that develops in hospitalized patients and can develop after trauma or prolonged immobility (sitting or bed rest). Unfortunately, the signs and/or symptoms of DVT are relatively non-specific and, due to the risk associated with pulmonary embolism (PE), objective testing is appropriate in patients that are candidates for anticoagulation or invasive therapeutic procedures for the following indications:

1. Clinical signs and/or symptoms of DVT including edema, tenderness, inflammation and/or erythema.
2. Clinical signs and/or symptoms of PE including hemoptysis, chest pain and/or dyspnea.
3. Unexplained lower extremity edema status-post major surgical procedures.
Note that "The overall sensitivity and specificity of duplex scanning in the diagnosis of DVT is higher than that of physiologic tests using plethysmographic techniques" (Current Therapy in Vascular Surgery, p 881)

Bilateral limb edema in the presence of signs and/or symptoms of congestive heart failure, exogenous obesity and/or arthritis should rarely be an indication for venous studies.

B. Chronic venous insufficiency
Chronic venous insufficiency may be divided into four categories: primary varicose veins, secondary varicose veins post-thrombotic (post-phlebitic) syndrome, and recurrent DVT. Objective tests of venous function may be indicated

Created on 10/20/2019. Page 3 of 8
in patients with ulceration, thickening and discoloration suspected to be secondary to venous insufficiency in order to confirm this diagnosis, by documenting venous valvular incompetence, prior to treatment.

C. Evaluation of pre-procedural venous conditions
Arm vein mapping in End Stage Renal Disease (ESRD) may be covered for patients being evaluated for creating an AV fistula when reasonable and necessary.

Pre-operative evaluation of upper or lower extremities prior to vein harvesting for bypass surgery or creation of an AV fistula when condition of the vessel is in question is covered.

D. Evaluation of post-procedural venous conditions
Evaluation of postoperative complications and limited follow-up of the vascular system procedures are reasonable and necessary.

Duplex scan for post-interventional follow-up studies are typically limited in scope, and are unilateral in nature. Consequently, the complete duplex scan should seldom be used in the post-interventional setting.

Routine performance of both duplex scanning and physiological tests of extremity veins during the same encounter is not reasonable and necessary.

The performance of duplex scanning in symptomatic patients with positive physiologic study results is reasonable and necessary.

Methods not acceptable for reimbursement include:

1. Mechanical oscillometry
2. Inductance plethysmography
3. Capacitance plethysmography
4. Photoelectric plethysmography

Procedures that are not within the stated Indications and Limitations of this policy will be denied as not reasonable and necessary.

Procedures for screening purposes only will be denied as routine services.

When the evaluation, management and treatment of the varicose vein are considered to be cosmetic only, billing for these services will be denied as cosmetic.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)
General Information

Documentation Requirements
The provider must ensure that documentation showing reasonableness and necessity of the procedures are kept on file and made available upon the request of the Medicare carrier.

The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the study. It is recommended that noninvasive vascular studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation. Noninvasive vascular studies done in an IDTF facility or vascular laboratory are subject to the rules and regulations governing the facility.

This A/B MAC is not a credentialing body; therefore, this LCD will recommend certification, but not recommend certifying bodies.

In very rare instances, wherein both arterial and venous studies are done, documentation supporting reasonableness and necessity should be clearly indicated in the records.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

Utilization Guidelines
Frequency of follow-up studies will be carefully monitored for the reasonableness and necessity. It is the responsibility of the provider to maintain documentation for post-payment audit.

Sources of Information

Updated Sources:


   **NOTE: Some of the websites used to create this policy may no longer be available.**

Bibliography

N/A

### Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2019</td>
<td>R11</td>
<td>10/01/2019: As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</td>
</tr>
<tr>
<td>10/01/2019</td>
<td>R10</td>
<td>10/01/2019: 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.</td>
</tr>
</tbody>
</table>

ICD10 Coding update to include in Group I

Codes:

- M79.89; R22.0; R22.1; R22.2; R22.30; R22.31; R22.32; R22.33; R22.40; R22.41; R22.42; R22.43; R22.9
- L89.016; L89.026; L89.116; L89.126; L89.136; L89.146; L89.156; L89.206; L89.216;
- L89.226; L89.306; L89.316; L89.326; L89.46; L89.516; L89.526; L89.616; L89.626; L89.896;
- N99.85; I26.93; I26.94; I80.241; I80.242; I80.243; I80.249; I80.251; I80.252; I80.253; I80.259;
- I82.451; I82.452; I82.453; I82.459; I82.461; I82.462; I82.463;
<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2018</td>
<td>R9</td>
<td>09.06.18: 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. The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field: T81.4XXA; T81.4XXD; T81.4XXS. The following ICD-10 Codes were added to the ICD-10 Codes that Support Medical Necessity field: T81.42XA; T81.42XD; T81.42XS; T81.43XA; T81.43XD; T81.43XS. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.</td>
</tr>
<tr>
<td>10/01/2017</td>
<td>R8</td>
<td>DATE (08/29/2017): 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. Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add ICD-10-CM codes: L97.115; L97.116; L97.125; L97.126; L97.215; L97.216; L97.225; L97.226; L97.315; L97.316; L97.325; L97.326; L97.415; L97.416; L97.425; L97.426; L97.515; L97.516; L97.525; L97.526; L97.526; L97.825; L97.826. Revise ICD-10-CM codes: I82.811; I82.812; I83.812; I83.891; I83.892</td>
</tr>
<tr>
<td>10/01/2016</td>
<td>R7</td>
<td>Code 93965 was deleted per CPT updates effective 12/31/2016 not 09/30/2016.</td>
</tr>
<tr>
<td>10/01/2016</td>
<td>R6</td>
<td>Code 93965 was deleted per CPT updates effective 09/30/2016.</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R4</td>
<td>Addition of M79.651, M79.652, M79.661, M79.662 and J95.821 to Group 1 ICD-10 codes effective 10/01/2015.</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>Removal of M79.89 ICD-10 Code entered in error.</td>
</tr>
<tr>
<td>REVISION HISTORY DATE</td>
<td>REVISION HISTORY NUMBER</td>
<td>REVISION HISTORY EXPLANATION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>Addition of I82.401, I82.402, I82.403 and I82.409 for thrombosis of unspecified vessels in the leg to Group 1 coding ICD-10 Codes that Support Medical Necessity. Addition of M79.601, M79.602 and M79.89 to Group 1 coding ICD-10 Codes that Support Medical Necessity.</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>Addition of M79.604, M79.605, M79.606 to Group 1 coding ICD-10 Codes that Support Medical Necessity. Removal of *M79.601-M79.675 is to be used only for pain with pressure to paragraph regarding ICD-10 Codes that Support Medical Necessity.</td>
</tr>
</tbody>
</table>

**Associated Documents**

**Attachments**
N/A

**Related Local Coverage Documents**

Article(s)
A57485 - Billing and Coding: Noninvasive Peripheral Venous Studies

**Related National Coverage Documents**
N/A

**Public Version(s)**

Updated on 10/08/2019 with effective dates 10/01/2019 - N/A
Updated on 09/06/2018 with effective dates 10/01/2018 - 09/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

**Keywords**

- Noninvasive
- Peripheral
- Venous
- Deep Vein
- Superficial Vein
- Thrombosis
- Vein
- Insufficiency
- 93965
- 93970
- 93971