

# Local Coverage Article: Coding Guidelines: Noninvasive Peripheral Venous Studies (A55509)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01111 - MAC A	J - E	California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa Guam
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01211 - MAC A	J - E	Hawaii Northern Mariana Islands American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01311 - MAC A	J - E	Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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## Article Information

### General Information

<b>Article ID</b> A55509	<b>Original Article Effective Date</b> 08/14/2017
<b>Article Title</b> Coding Guidelines: Noninvasive Peripheral Venous Studies	<b>Revision Effective Date</b> N/A
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	<b>Retirement Date</b> N/A

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## Article Guidance

### Article Text:

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

**Note:** When an interpretable study results in performing another type of study, only the successful study should be billed.

To report non-invasive peripheral venous studies for select medically necessary **preoperative examinations** use:

**CPT code 93971** (duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study) for the following:

- Preoperative examination of potential harvest vein grafts to be used during bypass surgery.
- The need for bypass surgery must be determined prior to performance of the test.
- Only one preoperative scan is covered for bypass surgery.
- Use ICD-10-CM code Z01.810 when reporting this procedure.

As noted above, correct coding guidelines indicate that CPT code 93971 should be used to report either a limited bilateral or a complete unilateral study (only one service should be reported). It would not be appropriate to report -50 modifier with CPT 93971 for a limited bilateral study.

The CPT code 93970 is described as a "complete bilateral study". The CPT code 93971 states: "unilateral or limited study". Both codes can be used for bilateral studies; 93970 for complete, and 93971 for limited. If a complete or limited bilateral study is done on both the upper and the lower extremities, the corresponding code can be reported once for each study performed (i.e., once for the upper extremities and once for the lower extremities). Providers should append modifier 76, repeat service by the same provider, or modifier 77, repeat service by another provider, to the second code to indicate that two separate, distinct studies were performed. There should be a separate written report/interpretation for each study performed.

**Note:** Effective 1/1/2017, the CPT code 93965 has been deleted with the annual CPT/HCPCS code updates. There is no replacement code for CPT code 93965. It would be inappropriate to report a "not otherwise classified" (NOC) code for this service (Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)). This code was deleted because there was no medical reason for providing the service.

ICD-10-CM diagnosis code Z13.9 (special screening of other conditions, unspecified condition) should be used to indicate screening tests performed in the absence of a specific sign, symptom, or complaint.

Use ICD-10-CM code Z09 only to describe a limited venous duplex (CPT code 93971) performed within 72 hours of a saphenous vein ablation procedure (CPT codes 36475, 36476, 36478, or 36479).

## [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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

### **CPT/HCPCS Codes**

#### **Group 1 Paragraph:**

Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

#### **Group 1 Codes:**

##### **Group 1 CPT/HCPCS Code**

##### **Group 1 CPT/HCPCS Code Description**

93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY

#### **Group 2 Paragraph:**

N/A

#### **Group 2 Codes:**

##### **Group 2 CPT/HCPCS Code**

##### **Group 2 CPT/HCPCS Code Description**

G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)
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**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

## [Revision History Information](#)

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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## **Keywords**

- Noninvasive
- Peripheral
- Venous
- Deep Vein
- Superficial Vein
- Thrombosis
- Vein
- Insufficiency
- 93970
- 93971
- G0365

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