FIRST COAST SERVICE OPTIONS
MEDICARE PART B
LOCAL COVERAGE DETERMINATION

CPT/HCPCS Codes

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

93976 limited study

93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

93979 unilateral or limited study

LCD Number

93975

LCD Database ID Number

L6306 – Florida
L13883 – Connecticut

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590 – Florida
00591 – Connecticut

Contractor Type

Carrier

LCD Title

Duplex Scanning

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CMS National Coverage Policy

Coverage Issues Manual, Section 50-7

Primary Geographic Jurisdiction

Florida
Connecticut

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV – Florida
Region I – Conencticut

CMS Consortium

Southern – Florida
Northeastern – Connecticut

Original Determination Effective Date

09/01/1992 – Florida
09/29/2003 – Conencticut

Original Determination Ending Date

N/A

Revision Effective Date

07/26/2004

Revision Ending Date

07/25/2004

Indications and Limitations of Coverage and/or Medical Necessity

Arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs (procedure codes 93975 and 93976)

Connecticut and Florida Medicare may provide coverage for duplex scanning of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs when performed for one or more of the following indications:

• evaluate patients presenting with signs or symptoms such as epigastric or periumbilical postprandial pains that last for 1-3 hours and/or with associated weight loss resulting from decreased oral intake which may indicate chronic intestinal ischemia;

• evaluate patients presenting with an acute onset of crampy or steady epigastric and periumbilical abdominal pain combined with minimal or no findings on abdominal examination and a high leukocyte count to rule out acute intestinal ischemia;

• evaluate a patient who has sustained trauma to the abdominal, pelvic and/or retroperitoneal area resulting in a possible injury to the arterial inflow and/or venous outflow of the abdominal, pelvic and/or retroperitoneal organs;

• evaluate a suspicion of an aneurysm of the renal artery or other visceral artery based on a patient's signs and symptoms of abdominal pain or noted as an incidental finding on another radiological examination;

• evaluate a hypertensive patient who has failed first line antihypertensive drug therapy in order to rule out renovascular disease such as renal artery stenosis, renal arteriovenous fistula, or renal aneurysm as a cause for the uncontrolled hypertension;

• evaluate a patient with signs and symptoms of portal hypertension. These may include abdominal discomfort and distention, abdominal collaterals (caput medusae), abdominal bruit, ascites, encephalopathy, esophageal varices, splenomegaly, etc.;

• evaluate patients suspected of an embolism, thrombosis, hemorrhage or infarction of the portal vein, renal vein and/or renal artery. These patients may present with many different symptoms such as abdominal discomfort, hematuria, cardiac failure, diastolic hypertension, jaundice, fatigue, weakness, malaise, etc.;

• evaluate patients with pain or swelling of scrotal contents which may be as a result of suspected obstruction in arterial inflow or venous outflow to the testicles or related structures. The use of duplex scanning of scrotal contents should only be performed after conventional diagnostic test, such as ultrasound, have proven to be "non-definitive";

• To evaluate patients for complications of transplanted organ: kidney, liver or pancreas.

Aorta, inferior vena cava, iliac vasculature, or bypass grafts (procedure codes 93978 and 93979)

Connecticut and Florida Medicare may provide coverage for duplex scanning of aorta, inferior venacava, iliac vasculature, or bypass grafts when performed for one or more of the following indications:

• confirm a suspicion of an abdominal or iliac aneurysm raised by a physical examination or noted as an incidental finding on another radiological examination. The physical examination usually reveals a palpable, pulsatile and nontender abdominal mass;

• monitor the progression of an abdominal aortic aneurysm. It is usually expected that monitoring occurs approximately every six (6) months;

• evaluate patients presenting with signs and symptoms of a thoracic aneurysm. The symptoms usually associated with a thoracic aneurysm are substernal chest pain, back or neck pain described as deep and aching or throbbing as well as symptoms due to pressure on the trachea (dyspnea, stridor, a brassy cough), the esophagus (dysphagia), the laryngeal nerve (hoarseness), or superior vena cava (edema in neck and arms, distended neck veins);

• evaluate patients presenting with signs and symptoms of an abdominal aneurysm. The symptoms usually associated with an abdominal aneurysm are constant pain located in the midabdomen, lumbar region or pelvis which can be severe and may be described as having a boring quality. A leaking aneurysm is characterized by lower back pain, whereas, acute pain and hypotension usually occur with rupture;

• evaluate a patient presenting with signs and symptoms suggestive of an aortic dissection. A patient with an aortic dissection has symptoms such as a sudden onset of severe, continuous tearing or crushing pain in the chest that radiates to the back and is generally unaccompanied by EKG evidence of a myocardial infarction. On physical examination, the patient is agitated, has a murmur of aortic regurgitation,

asymmetric diminution of arterial pulses and systolic bruits over the areas where the aortic lumen is narrowed;

• initial evaluation of a patient presenting with signs and symptoms such as intermittent claudication in the calf muscles, thighs and/or buttocks, rest pain, weakness in legs or feeling of tiredness in the buttocks, etc. which may suggest occlusive disease of the aorta and iliac arteries. The physical examination usually reveals decreased or absent femoral pulses, a bruit over the narrowed artery, and possibly muscle atrophy. If severe occlusive disease exists, the patient will have atrophic changes of the skin, thick nails, coolness of the skin with pallor and cyanosis;

• evaluate patients suspected of an abdominal or thoracic arterial embolism or thrombosis. These patients usually present with severe pain in one or both lower extremities, numbness, and symmetric weakness of the legs, with absent or severely reduced pulses below the embolism site;

• evaluate patients presenting with complaints of pain in the calf or thigh, slight swelling in the involved leg, tenderness of the iliac vein, etc. which may suggest phlebitis or thrombophlebitis of the iliac vein or inferior vena cava.

• evaluate a patient who has sustained trauma to the chest wall and/or abdomen resulting in a possible injury to the aorta, inferior vena cava and/or iliac vasculature;

• assess the continued patency of both native venous and prosthetic arterial grafts following surgical intervention. Usually this is performed at 6 weeks, 3 months, then every six (6) months;

• monitor the sites of various percutaneous interventions, including, but not limited to angioplasty, thrombolysis/thrombectomy, atherectomy, or stent placement. Usually this is performed at 6 weeks, 3 months, then every six (6) months.

Note: Duplex testing should be reserved for specific indications for which the precise anatomic information obtained by this technique is likely to be useful. Therefore, it would be rare to see duplex scanning being performed for conditions in which another diagnostic test is recommended (e.g., an aortic dissection is better diagnosed with a chest x-ray, transesophageal echocardiogram or aortography)

Coverage Topic

Diagnostic Tests and X-Rays

CPT/HCPCS Codes

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

93976 limited study

93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

93979 unilateral or limited study

ICD-9 Codes that Support Medical Necessity

Arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs (procedure codes 93975 and 93976)

288.8	Other specified disease of white blood cells
401.9	Unspecified essential hypertension
440.1	Atherosclerosis of renal artery (e.g., renal artery stenosis)
442.1	Other aneurysm of renal artery
442.84	Other aneurysm of other visceral artery (e.g., celiac, superior mesenteric)
452	Portal vein thrombosis
453.3	Other venous embolism and thrombosis of renal vein
456.0-456.21	Esophageal varices
456.4	Scrotal varicies
557.0	Acute vascular insufficiency of intestine
557.1	Chronic vascular insufficiency of intestine
572.3	Portal hypertension
593.81	Vascular disorders of kidney (e.g., renal artery thrombosis)
593.89	Other specified disorders of kidney and ureter (e.g., renal artery fistula)
599.7	Hematuria
608.2	Torsion of testis
608.83	Other specified disorders of male genital organ, vascular disorders
780.79	Other malaise and fatigue
782.4	Jaundice, unspecified, not of newborn
783.21	Loss of weight
785.9	Other symptoms involving cardiovascular system (bruit)
789.00-789.09	Abdominal pain
789.1	Hepatomegaly
789.2	Splenomegaly
789.30-789.39	Abdominal or pelvic swelling, mass, or lump
789.5	Ascites
793.6	Nonspecific abnormal findings on radiological and other examination of abdominal area, including retroperitoneum
902.20-902.29	Injury to celiac and mesenteric arteries
902.31-902.39	Injury to portal and splenic veins
902.41	Injury to blood vessels of renal artery
902.42	Injury to blood vessels of renal vein
902.87	Injury to multiple vessels of abdomen and pelvis
902.9	Injury to unspecified blood vessel of abdomen and pelvis
V42.0	Organ or tissue replaced by transplant, kidney
V42.7	Organ or tissue replaced by transplant, liver
V42.83	Organ or tissue replaced by transplant, pancreas
V67.00	Follow-up examination following surgery, unspecified
V67.09	Follow-up examination following other surgery

Aorta, inferior vena cava, iliac vasculature, or bypass grafts (procedure codes 93978 and 93979)

424.1	Aortic valve disorders (e.g., aortic regurgitation)
440.20-440.29	Atherosclerosis of native arteries of the extremities
441.00-441.03	Dissection of aorta

441.2	Thoracic aneurysm without mention of rupture
441.4	Abdominal aneurysm without mention of rupture
441.7	Thoracoabdominal aneurysm, without mention or rupture
441.9	Aortic aneurysm of unspecified site without mention of rupture
442.2	Other aneurysm of iliac artery
443.9	Peripheral vascular disease, unspecified (e.g., intermittent claudication)
444.0	Arterial embolism and thrombosis of abdominal aorta
444.1	Arterial embolism and thrombosis of thoracic aorta
444.81	Arterial embolism and thrombosis of iliac artery
451.81	Phlebitis and thrombophlebitis of iliac vein
453.2	Other venous embolism and thrombosis of vena cava
458.9	Hypotension, unspecified
723.1	Cervicalgia
724.1	Pain in thoracic spine
724.2	Lumbago
729.5	Pain in limb
782.0	Disturbance of skin sensation
782.3	Edema
782.5	Cyanosis
782.61	Pallor
782.8	Changes in skin texture
784.49	Other voice disturbance (e.g., hoarseness)
784.5	Other speech disturbance (e.g., dysphagia)
785.9	Other symptoms involving cardiovascular system (e.g., arterial bruits, weak pulses)
786.05	Shortness of breath (e.g., dyspnea)
786.1	Stridor
786.2	Cough
786.50	Chest pain, unspecified
789.00-789.09	Abdominal pain
789.30-789.39	Abdominal or pelvic swelling, mass, or lump
793.6	Nonspecific abnormal findings on radiological and other examination of abdominal area, including retroperitoneum
902.0	Injury to blood vessels of abdominal aorta
902.10	Injury to blood vessels of inferior vena cava, unspecified
902.53	Injury to blood vessels of iliac artery
902.54	Injury to blood vessels of iliac vein
V67.00	Follow-up examination following surgery, unspecified
V67.09	Follow-up examination following other surgery
V67.59	Follow-up examination, following other treatment

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

Medical record documentation maintained by the ordering physician must clearly indicate the medical necessity of the services being billed. The results of the study must also be included in the patient's medical record. This information is normally found in the office/progress notes, hospital notes, and/or test results.

If the provider of the duplex scan study(ies) is other than the ordering/referring physician, the provider of the service must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician's order for the studies.

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.

Sources of Information and Basis for Decision

American Medical Association. (2001). Principles of CPT® Coding (2nd ed).

Coding and Payment Guide for Radiology Services. (2003). An essential coding, billing, and reimbursement resource for the Radiologist (11th ed.). Ingenix St Anthony Publishing/Medicode.

Fauci, A. S., Braunwald, E., Isselbacher, K. J., Wilson, J. D., Martin, J. B., Kasper, D. L., Hauser, S. L., & Longo, D. L. (Eds.). *Harrison's principles of internal medicine* (14th ed.). New York: McGraw-Hill.

Hockerberger, R., Marx, J., & Walls, R. (Ed). (2002). *Rosen's emergency medicine: concepts and clinical practice* (5th ed.). St. Louis: Mosby, Inc. Used to provide appropriate indication for procedure.

Johansson, M., Jenson, G., Aurellm, Friberg, P., Herlitz, H., Klingenstierna, H., et al. Evaluation of duplex ultrasound and captopril renography for detection of renovascular hypertension. Kindy Int 2000; 58(2): 774-82.

Tabers cyclopedic medical dictionary (17th ed.). (1989). Philadelphia: F. A. Davis Company.

Tierney, L. M., McPhee, S. J., & Papadakis, M. A. (Eds.). (1998). *Current medical diagnosis and treatment* (37th ed.). Stamford: Appleton & Lange.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the various societies.

Carrier Advisory Committee Meeting held on March 11, 2003.

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

08/01/2004

Revision History

Florida Revision Number:	12	LCR B2004-012FL/CT
Connecticut Revision Number:	1	
Start Date of Comment Period	N/A	4th Quarter 2004 Update
Start Date of Notice Period	08/01/2004	
Revised Effective Date:	07/26/2004	

Explanation of Revision: LMRP converted to LCD format. Diagnosis codes V42.0, V42.7, and V42.83 were added to the "ICD-9 Codes that Support Medical Necessity" section of the policy for procedure codes 93975 and 93976. Diagnosis code 902.29 was added to complete range 902.20-902.29 for procedure codes 93975 and 93976. Diagnosis codes 440.20 and 440.29 were added to complete range 440.20-440.29 for procedure codes 93978 and 93979. An indication was added to the "Indications and Limitations of Coverage and/or Medical Necessity" section of the policy for procedure codes 93975 and 93976. The effective date of policy revision is based on date of service.

Florida Revision History

Revision Number:	11	PCR B2002-120
Start Date of Comment Period	N/A	
Start Date of Notice Period	08/01/2002	4th Quarter 2002 Update
Revised Effective Date:	07/01/2002	

Explanation of Revision: Additional indications and diagnoses were added to reflect procedure description.

Revision Number:	10	PCR B2002-064
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2002	2nd Quarter 2002 Update
Revised Effective Date:	01/28/2002	

Explanation of Revision: Additional diagnoses were added to reflect the signs/symptoms associated with the covered indications.

Revision Number:	9	PCR B2000-160
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/01/2000	Sept/Oct 2000 Update
Revised Effective Date:	10/01/2000	

Explanation of Revision: Annual ICD-9 Update

Revision Number:	8	PCR B99-061
Start Date of Comment Period	11/06/1998	
Start Date of Notice Period	05/1999	May/June 1999 Update
Revised Effective Date:	06/21/1999	
Revision Number:	7	PCR 96-162
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:		
Revision Number:	6	PCR 95-048
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:		
Revision Number:	5	PCR 94-137
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:		
Revision Number:	4	PCR 94-107
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	01/04/1994	
Revision Number:	3	PCR 94-096
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	12/21/1992	
Revision Number:	2	PCR 94-044
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	01/01/1994	
Revision Number:	1	PCR 94-040
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	01/01/1994	
Revision Number:	Original	PCR 92-129
Start Date of Comment Period	MM/DD/YYYY	
Start Date of Notice Period	MM/DD/YYYY	July/Aug 1992 Update
Original Effective Date:	09/01/1992	

Connecticut Revision History

Revision Number:	Original	PCR B2003-019CT
Start Date of Comment Period	03/07/2003	
Start Date of Notice Period	08/01/2003	4th Quarter 2003 Update
Revised Effective Date:	09/29/2003	

Related Documents

LCD Attachment

Document formatted: 06/08/2004 (TP/sh)