

**FLORIDA MEDICARE PART B  
LOCAL MEDICAL REVIEW POLICY**

**CPT/HCPCS Codes**

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

93926 unilateral or limited study

**Policy Number**

93925

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

00590

**Contractor Type**

Carrier

**LMRP Title**

Duplex Scan Of Lower Extremity Arteries

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**CMS National Coverage Policy**

Coverage Issues Manual, Sections 50-6, 50-7  
Medicare Carriers Manual, Section 4630

**Primary Geographic Jurisdiction**

Florida

**Secondary Geographic Jurisdiction**

N/A

**CMS Region**

Region IV

**CMS Consortium**

Southern

**Original Policy Effective Date**

12/01/1994

**Original Policy Ending Date**

N/A

**Revision Effective Date**

04/19/2004

**Revision Ending Date**

04/18/2004

**LMRP Description**

Duplex scanning is a technique that combines the information provided by two-dimensional imaging with pulsed-wave doppler techniques which allows sampling of a particular imaged blood vessel with analysis of the blood flow velocity.

Florida Medicare has not previously published a specific policy concerning duplex scans of the lower extremity arteries. The purpose of this policy is to define the circumstances for which Florida Medicare will consider duplex scans of the lower extremity arteries to be medically necessary and therefore covered.

**Indications and Limitations of Coverage and/or Medical Necessity**

Florida Medicare will consider duplex scanning of lower extremity arteries to be medically necessary under any of the following circumstances (see ICD-9 Codes that Support Medical Necessity):

- The patient is found on physical examination to have absence or marked diminution of pulses (suspected to be secondary to obstruction of lower extremity arteries) of one or both lower extremities.
- The patient has developed sudden pallor, numbness, and coolness of an extremity and vascular obstruction (embolism or thrombosis) is suspected.
- The patient has intermittent claudication.
- The patient has previously undergone a surgical revascularization procedure of one or both lower extremities and follow-up non-invasive studies are necessary to evaluate the patient's condition.
- The patient has an aneurysm or arteriovenous malformation of a lower extremity artery.
- The patient has sustained lower extremity trauma with possible vascular injury or the patient has sustained iatrogenic vascular injury

- The patient has arteriosclerosis with claudication, rest pain, nonhealing ulcer, or gangrene.

**CPT/HCPCS Section & Benefit Category**

Medicine/Non-Invasive Vascular Diagnostic Studies

**CPT/HCPCS Codes**

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

93926 unilateral or limited study

**Not Otherwise Classified Codes (NOC)**

N/A

**ICD-9 Codes that Support Medical Necessity**

440.21	Atherosclerosis of the extremities with intermittent claudication
440.22	Atherosclerosis of the extremities with rest pain
440.23	Atherosclerosis of the extremities with ulceration
440.24	Atherosclerosis of the extremities with gangrene
442.3	Aneurysm of artery of lower extremity
443.1	Thromboangiitis obliterans (Buerger's disease)
443.9	Peripheral vascular disease, unspecified
444.0	Arterial embolism and thrombosis of abdominal aorta
444.22	Arterial embolism and thrombosis of arteries of lower extremity
444.81	Arterial embolism and thrombosis of iliac artery
447.0	Arteriovenous fistula, acquired
447.1	Stricture of artery
782.0	Disturbance of skin sensation
782.61	Pallor
785.9	Other symptoms involving cardiovascular system
820.00-820.09	Transcervical fracture, closed
820.10-820.19	Transcervical fracture, open
820.20-820.22	Pertrochanteric fracture, closed
820.30-820.32	Pertrochanteric fracture, open
820.8	Unspecified part of neck of femur, closed
820.9	Unspecified part of neck of femur, open
821.00-821.01	Fracture of shaft or unspecified part of femur, closed
821.10-821.11	Fracture of shaft or unspecified part of femur, open
821.20-821.29	Fracture of lower end of femur, closed
821.30-821.39	Fracture of lower end of femur, open
822.0-822.1	Fracture of patella
823.00-823.02	Fracture of upper end of tibia and fibula, closed
823.10-823.12	Fracture of upper end of tibia and fibula, open

823.20-823.22	Fracture of shaft end of tibia and fibula, closed
823.30-823.32	Fracture of shaft end of tibia and fibula, open
823.40-823.42	Torus fracture
823.80-823.82	Fracture of unspecified part of tibia and fibula, closed
823.90-823.92	Fracture of unspecified part of tibia and fibula, open
824.0-824.9	Fracture of ankle
825.0-825.1	Fracture of calcaneus
825.20-825.29	Fracture of other tarsal and metatarsal bones, closed
825.30-825.39	Fracture of other tarsal and metatarsal bones, open
827.0-827.1	Other, multiple, and ill-defined fractures of lower limb
828.0-828.1	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
835.00-835.03	Closed dislocation of hip
835.10-835.13	Open dislocation of hip
836.0-836.4	Dislocation of knee
836.50-836.59	Other dislocation of knee, closed
836.60-836.69	Other dislocation of knee, open
837.0-837.1	Dislocation of ankle
838.00-838.09	Closed dislocation of foot
838.10-838.19	Open dislocation of foot
904.0	Injury to common femoral artery
904.1	Injury to superficial femoral artery
904.40	Injury to popliteal vessel(s), unspecified
904.41	Injury to popliteal artery
904.50	Injury to tibial vessels(s), unspecified
904.51	Injury to anterior tibial artery
904.53	Injury to posterior tibial artery
904.6	Injury to deep plantar blood vessels
904.7	Injury to other specified blood vessels of lower extremity
904.8	Injury to unspecified blood vessels of lower extremity
904.9	Injury to blood vessels of unspecified site
924.00-924.01	Contusion of hip and thigh
924.10-924.11	Contusion of knee and lower leg
924.20-924.21	Contusion of ankle and foot, excluding toe(s)
924.4	Contusion of multiple sites of lower limb
924.5	Contusion of unspecified part of lower limb
924.8	Contusion of multiple sites of lower limb, not elsewhere classified
924.9	Contusion of unspecified site
928.00-928.01	Crushing injury of hip and thigh
928.10-928.11	Crushing injury of knee and lower leg
928.20-928.21	Crushing injury of ankle and foot, excluding toe(s) alone
928.8	Crushing injury of multiple sites of lower limb
998.11-998.13	Hemorrhage or hematoma or seroma complicating a procedure
998.2	Accidental puncture or laceration during a procedure

V67.00	Follow-up examination following surgery, unspecified
V67.09	Follow-up examination following other surgery

**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

**Reasons for Denials**

Screening tests performed on asymptomatic patients without medical problems, cannot be covered by Medicare.

When performed for indications other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

**Noncovered ICD-9 Codes**

Any diagnosis codes not listed in the "ICD-9 Codes That Support Medical Necessity" section of this policy.

**Noncovered Diagnosis**

N/A

**Coding Guidelines**

Reimbursement for a unilateral or limited duplex scan of the lower extremity arteries or arterial bypass grafts (**93926**) is included in the basic allowance of a complete bilateral study (**93925**) when billed on the same day by the same physician.

**Documentation Requirements**

Medical record documentation maintained by the ordering/referring physician must clearly indicate the medical necessity of duplex scan of lower extremity arteries covered by the Medicare program. Also, the results of duplex scan of lower extremity arterial studies covered by the Medicare program must be included in the patient's medical record.

If the provider of duplex scan of lower extremity arterial studies 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. When ordering duplex scan of lower extremity arterial studies, the ordering/referring physician must state the reason for the duplex scan of lower extremity arteries in his order for the tests.

**Utilization Guidelines**

N/A

**Other Comments**

N/A

**Sources of Information and Basis for Decision**

N/A

**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 Vascular Society.

The Carrier Advisory Committee meeting held on July 23, 1994.

**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

05/01/2004

**Revision History**

Revision Number:	6	PCR B2004-066
Start Date of Comment Period:	N/A	
Start Date of Notice Period:	05/01/2004	3 <sup>rd</sup> Quarter 2004 Update
Revised Effective Date:	04/19/2004	

Explanation of Revision: Added ICD-9-CM code 785.9 to the "ICD-9 Codes that Support Medical Necessity" section of the policy. The effective date of policy revision is based on process date.

Revision Number	5	PCR B2002-182
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2002	1 <sup>st</sup> Quarter 2003 Update
Revised Effective Date	10/01/2002	

Explanation of Revision: Diagnosis 823.4 was changed to diagnosis range 823.40-823.42. The diagnosis range was erroneously omitted from the Tabular Addenda that was attached to Change Request 2194.

Revision Number	4	PCR B2002-166
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Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2002	1 <sup>st</sup> Quarter 2003 Update
Revised Effective Date	10/01/2002	

Explanation of Revision: Annual ICD-9 Update

Revision Number	3	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	2	PCR B96-264
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/01/1996	Sept/Oct 1996 Update
Revised Effective Date	10/01/1996	

Revision Number	1	PCR B96-188
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/16/1996	
Revised Effective Date		

Revision Number	Original	PCR B94-260
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Start Date of Notice Period	11/01/1994	Nov/Dec 1994 Update
Revised Effective Date	12/01/1994	

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