

REIMBURSEMENT for the PAD EXAMINATION (Single-level Lower Extremity Physiologic Study)

Vascular studies are diagnostic procedures performed to determine blood flow and/or the condition of arteries and/or veins. Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of the study results with copies for patient records of hard copy output with analysis of all data including bi-directional vascular flow or imaging when provided.

The use of a simple hand-held Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bi-directional vascular flow, is considered to be part of the physical examination of the vascular system and is not reported separately. To report unilateral non-invasive diagnostic studies, add modifier -52 to the basic code.

MEDICARE

Non-invasive testing for peripheral arterial disease (PAD) does not have “National Coverage”. Instead, each individual Medicare insurance carrier determines the local coverage requirements.

CPT 93922 Coverage

In general, most Medicare carriers consider an “ABI” exam **without blood-flow waveforms** to be part of the general physical examination, and hence do not reimburse for “ABI’s” unless waveform analysis is included. CPT 93922 provides coverage for a *single-level lower extremity physiologic study*. When conducted at the ankle, this physiologic study has two components: 1) ABI values and 2) the bi-directional Doppler waveforms from the ankle (PT or DP arteries). The LifeDop ABI instrument provides a digital printout of the spectral mean Doppler waveform for documentation and reimbursement purposes. *Note: Most Medicare carriers prohibit reimbursement for ankle waveforms generated by the older analog strip chart recorders, or for any device that does not provide a hard-copy of the waveform.*

Medical Necessity

Most Medicare carriers require the health care practitioner to document that the peripheral arterial study was “medically necessary”. The following are examples of conditions that normally meet the *necessary* criteria:

- Claudication of less than one block, or of such severity that it interferes significantly with the patient’s occupation or lifestyle;
- Rest pain (typically including the forefoot), usually associated with absent pulses, which becomes increasingly severe with elevation and diminishes with placement of the leg in a dependent position;
- Tissue loss defined as gangrene or pre-gangrenous changes of the extremity, or ischemic ulceration of the extremity occurring in the absence of pulses;
- Aneurysmal disease;
- Evidence of thromboembolic events; and/or
- Blunt or penetrating trauma (including complications of diagnostic and/or therapeutic procedures).

Peripheral arterial studies are usually not reimbursable for the asymptomatic patient (i.e. screening is not reimbursable) under CPT 93922.

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Examples of conditions that may not meet the Medicare requirements for necessity include:

- Continuous burning of the feet (considered to be a neurologic symptom);
- “Leg pain, nonspecific” and “pain in limb” as single diagnoses are too general to warrant further investigation unless they can be related to other signs and symptoms;
- Edema, unless it is in the immediate postoperative period, in association with another inflammatory process or in association with rest pain; and/or
- Absence of pulses in minor arteries, e.g., dorsalis pedis or posterior tibial, in the absence of symptoms. The absence of pulses is not an indication to proceed beyond the physical examination unless it is related to other signs and/or symptoms.

Accreditation Requirements

Medicare insurance carriers impose varying degrees of restriction on who may be reimbursed for performing vascular examinations. Some carriers require only that the exam be performed by a person with adequate training and background.

Other carriers recommend, but don't require, that the “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.”

The most restrictive Medicare carriers *require* that the exam be supervised by or performed by a physician, registered technician or specialist (RVT, RCVT, RVS), or by an accredited laboratory.

COMMERCIAL INSURANCE

Commercial insurance reimbursement rates for the single level lower extremity physiologic study are set by the individual insurance companies. Medical billing consultants are available who can prepare reports that detail the allowable reimbursement rates for your specific practice. Some of our customers have reported good results using the following firm:

Billing Consultants, LLC
Suite 108
Athens, GA 30606

Phone: 770.867.3821 or Toll Free: 877.822.7100
www.billingconsultants.net

Please contact your local Medicare insurance carrier for information specific to your situation.

