

Noninvasive Peripheral Venous Studies

Noridian Healthcare Solutions, LLC



Please Note: This is a Proposed LCD.

Proposed LCDs are works in progress and not necessarily a reflection of the current policies or practices. Proposed LCDs in an approval status display on the CMS MCD for public review.

Contractor Information



Contractor Name Noridian Healthcare Solutions, LLC

Contract Number 03102

Contract Type A and B MAC

(A and B MAC - 03201 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03301 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03401 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03501 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03601 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03202 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03302 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03502 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03602 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03402 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03101 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02201 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02101 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02301 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02401 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02202 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02102 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02402 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02302 - J - F) Noridian Healthcare Solutions, LLC

Proposed LCD Information



Proposed LCD ID DL37291

Proposed LCD Version 3

Proposed LCD Title Noninvasive Peripheral Venous Studies

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Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

- Title XVIII of the Social Security Act, Section 1862(a)(1)(D) states that no payment shall be made for any services that are considered investigational or experimental.

IOM and Regulation Citations

- CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.6.- 80.6.4, addresses requirements for ordering and following orders for diagnostic tests. Transmittal 94, Change Request 6100, Dated August 29, 2008, §80.6.1, addresses physician signature requirements for diagnostic tests.
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Sections 20.14 and 220.5.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 23, Section 10 Reporting ICD Diagnosis and Procedure codes.
- CMS Manual System, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3, Diagnosis Code Requirement.
- CMS IOM Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5 Correct Coding Initiative.
- 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.

Jurisdiction Arizona

**Super MAC
Jurisdiction** J - F

Coverage Guidance



Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

History/Background and/or General Information

Non-invasive vascular diagnostic studies utilize ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in the venous system. “Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided.” (AMA 2016 CPT book, page 626). A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted radiologic standards.

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

A **duplex scan** (CPT® codes 93970 and 93971) combines Doppler spectrum analysis and conventional ultrasound, to visualize the structure of blood vessels, how the blood is flowing through the vessels, and whether there is any obstruction in the vessels.

A **non-invasive physiologic study** implies functional measurement procedures including Doppler waveform analysis, blood pressure measurements, or plethysmography.

Plethysmography implies volume measurement procedures including air, impedance, or strain gauge methods. For coding guidelines, please refer to

Local Coverage Article A55529 Coding Guidelines: Non-Invasive Peripheral Venous Studies.

Covered Indications

1. Deep Vein Thrombosis (DVT)

Due to the risk of DVT associated with pulmonary embolism (PE), objective testing of venous function is considered reasonable and necessary in patients that are candidates for anticoagulation or invasive therapeutic procedures for any one of the following:

- To evaluate clinical signs or symptoms suggestive of acute or new onset DVT such as extremity swelling, tenderness, inflammation or erythema.

- Investigation for DVT as the source of a suspected or confirmed pulmonary embolism.

- Evaluation of unexplained extremity edema, especially unilateral or asymmetric, in an individual at risk for DVT (e.g., immobile, status-post major surgical procedure, indwelling vascular catheter or prosthesis, or postpartum). Bilateral or symmetric limb edema is more likely to result from a systemic disorder (e.g. congestive heart failure, hypoalbuminemia, arthritis) or certain drugs. Therefore, bilateral limb edema is considered reasonable and necessary for venous studies in individuals at risk for DVT when there is no otherwise plausible cause.

- Follow-up for patients with known venous thrombosis to monitor for progression, determine course of treatment or the need to alter treatment based on new symptoms.

2. Chronic Venous Insufficiency

Chronic venous insufficiency is impaired venous return which may cause lower extremity symptoms. Objective testing of venous function is considered reasonable and necessary in patients that are candidates for anticoagulation or invasive therapeutic procedures for any one of the following:

- Evaluation of Postthrombotic (Postphlebotic) Syndrome (PTS) in patients with symptoms of PTS (e.g. chronic leg pain, leg heaviness, leg swelling, leg itching or ulcers on the leg).

- Evaluation of suspected valvular incompetence in patients with symptomatic chronic venous insufficiency or symptomatic varicose veins (e.g. significant pain or edema of the lower leg, ulceration, thickening and discoloration) suspected to be secondary to venous insufficiency in order to confirm this diagnosis prior to treatment.

- Post-procedural assessment of venous ablation. If a great or small saphenous vein undergoes ablation, a duplex scan of the affected side (CPT[®] code 93971) is considered reasonable and necessary postoperatively within 72 hours after the procedure, to assess the result of the surgery and the possibility of propagation of a thrombus.

Note: 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).

Note: Additional coverage information pertinent to the treatment of varicose veins and ablation therapy is located in LCD L37291, Treatment of Varicose Veins Disease of the Lower Extremities.

3. Preoperative Examinations

Non-Invasive Peripheral Venous Studies are considered reasonable and necessary for select preoperative examinations that meet criteria for coverage as follows:

- Bypass surgery- Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study (CPT® code 93971) is indicated for the preoperative examination of potential harvest vein grafts to be utilized during bypass surgery. This service is considered reasonable and necessary when the results of the study are needed to locate suitable graft vessels. The need for bypass surgery must be determined prior to performance of the test.

- Hemodialysis access surgery-Vessel mapping for hemodialysis (HCPCS code G0365) is indicated for the preoperative examination of vessels prior to hemodialysis access site surgery in patients with end stage renal disease (ESRD). This service is considered reasonable and necessary when the results of the study are needed to determine appropriate vessel utilization (i.e., when the patient's clinical evaluation does not readily lead to the selection of a vein that is suitable for creating a dialysis fistula). The need for a hemodialysis access site must be determined prior to performance of the test.

Limitations

1. Objective testing of peripheral venous function is considered not reasonable and necessary and therefore non- covered for any one of the following:
 - Asymptomatic varicose veins

 - Routine screening tests

Note: 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 of ICD-10-CM code Z13.9 will result in the denial of claims as non-covered screening 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.

2. Non-invasive vascular studies are considered not reasonable and necessary if the results are not needed for clinical decision making. If the study results will have no impact on the decision for further diagnostic or therapeutic procedures or will not provide any unique diagnostic information that would impact patient management, then the non-invasive studies are not reasonable and necessary. For example, if it is evident from the findings of the history and physical examination that the patient is going to proceed to angiography, then non-invasive vascular studies are not reasonable and necessary.

3. The following limitations apply to multiple non-invasive studies on the same encounter or same day:
 - Performance of both non-invasive extracranial arterial studies (CPT® codes 93880 or 93882) and non-invasive evaluation of extremity veins (CPT® codes 93970 or 93971) during the same encounter is rarely medically necessary. Documentation must clearly support the medical necessity if both procedures are performed during the same encounter, and be made available upon request.

 - Because signs and symptoms of arterial occlusive disease and venous disease are so divergent, the performance of simultaneous arterial and venous studies during the same encounter is rarely medically necessary. Consequently, documentation must clearly support the medical necessity of both procedures if performed during the same encounter, and be made available upon request.

 - It is rarely medically necessary to perform lower extremity and upper extremity studies on the same day. Documentation must clearly support the medical necessity

of both upper and lower extremities if performed on the same day, and be made available upon request.

4. "The use of a simple hand-held or other Doppler device that does not produce hard copy data 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." (AMA 2016 CPT® Book, Page 626) Doppler procedures performed with zero-crossers (i.e., analog [strip chart recorder] analysis) are also included in any other E/M service. Therefore, it is not reasonable and necessary to report these procedures as separate services.

5. According to NCD 20.14, the following methods are not covered:

- Mechanical Oscillometry

- Inductance Plethysmography

- Capacitance Plethysmography

- Photoelectric Plethysmography

Training Requirements/Certifications

The accuracy of non-invasive diagnostic testing studies depends on the knowledge, skill and experience of the physician and/or technologist performing and interpreting the study. Documentation of applicable training and experience must be maintained and made available upon request. Services will be considered reasonable and necessary only if performed by appropriately trained personnel.

All non-invasive vascular studies must be:

1. Performed by a qualified physician; or
2. Performed under the general supervision of a qualified physician by a licensed* technologist who is certified in vascular technology; or
3. Performed in an accredited vascular laboratory

*State licensure for a technologist is required in addition to appropriate recognized certification. Documentation of current, active licensure must be maintained and made available upon request. In the absence of a state/federal district licensing board, the requirement for licensure is waived.

A **qualified physician** for this service/procedure is defined as:

- A. Physician is properly enrolled in Medicare; and
- B. Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under General Supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Notice: This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

For frequency limitations please refer to the Utilization Guidelines section below.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A).

Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.

- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).

- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.

 - Furnished in a setting appropriate to the patient's medical needs and condition.

 - Ordered and furnished by qualified personnel.

- One that meets, but does not exceed, the patient's medical needs.

- At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

Proposed Process Information



Synopsis of Changes	Changes	Fields Changed
	Not Applicable	

Documentation Requirements

Associated Information	1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
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2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The medical necessity for performing both non-invasive extracranial arterial studies (CPT[®] codes 93880 or 93882) and non-invasive evaluation of extremity veins (CPT[®] codes 93970 or 93971) during the same encounter must be clearly documented in the medical record.
6. The medical necessity for performing simultaneous arterial and venous studies during the same encounter must be clearly documented in the medical record.
7. The medical necessity of performing lower extremity and upper extremity studies on the same day must be clearly documented in the medical record.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

- Only one preoperative scan (CPT[®] code 93971) is considered reasonable and necessary for bypass surgery.

- Only one preoperative scan (HCPCS code G0365) is considered reasonable and necessary per hemodialysis access site surgery.
- Only one limited study (CPT® code 93971) is considered reasonable and necessary post operatively within 72 hours of a saphenous vein ablation, whether surgery is performed on one side or bilaterally.
- One Doppler ultrasound study or duplex scan will be covered for documentation of disease and mapping for chronic venous insufficiency or symptomatic varicose veins.

Notice: This LCD imposes utilization guideline limitations. Despite Medicare allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

**Sources of
Information
and Basis for
Decision**

1. *ACR-AIUM-SPR-SRU Practice Parameter for the Performance of Peripheral Venous Ultrasound Examination*. American College of Radiology. Revised 2015 (Resolution 33).
2. Douketis JD. Chronic Venous Insufficiency and Postphlebotic Syndrome. *Merck Manual* professional version online last revised May 2014: <http://www.merckmanuals.com/professional/cardiovascular-disorders/peripheral-venous-disorders/chronic-venous-insufficiency-and-postphlebotic-syndrome>.
3. Eskandari MK, Pearce WH, Yao J. *Current Vascular Surgery* 2012. Shelton, CT: People's Medical Publishing House USA, 2013. Accessed online on August 18, 2016.

4. Harlander-Locke M, Jimenez JC, Lawrence PF, et al. Management of endovenous heat-induced thrombus using a classification system and treatment algorithm following segmental thermal ablation of the small saphenous vein. *Journal of Vascular Surgery*, August 2013;58(2):427-432.
5. Khilnani NM, Grassi CJ, Kundu S, et al. Multi-society Consensus Quality Improvement Guidelines for the Treatment of Lower-extremity Superficial Venous Insufficiency with Endovenous Thermal Ablation from the Society of Interventional Radiology, Cardiovascular Interventional Radiological Society of Europe, American College of Phebology , and Canadian Interventional Radiology Association. *J Vasc Interv Radiol* 2010;21:14-31.
6. Lawrence, Peter F et al, Classification of proximal endovenous closure levels and treatment algorithm. *Journal of Vascular Surgery*. August 2010, Vol 52 (2):388-393.
7. Luckraz H, Lowe J, Pugh N, et al. Pre-operative long saphenous vein mapping predicts vein anatomy and quality leading to improved post-operative leg morbidity. *Interactive Cardiovascular and Thoracic Surgery*7. 2008;188- 191.
8. Office of Inspector General DHHS, Medicare Part B Billing for Vascular Ultrasound. OEI 01-08-00100. July 2009.
9. Stanley, D. (2004). The importance of Intersocietal Commission for the accreditation of vascular laboratories (ICAVL) certification for noninvasive peripheral vascular tests: The Tennessee experience. *The Journal for Vascular Ultrasound*, 28(2), 65-69.

10. Vazquez, SR, Kahn, SR. Postthrombotic Syndrome. *Circulation*. 2010;121:e217-e219.

11. Gornik HL, Gerhard-Herman MD, Misra S, Mohler ER III, Zierler RE. ACCF/ACR/AIUM/ASE/ASN/IAC/SCAI/SCCT/SIR/SVM/SVS 2013 appropriate use criteria for peripheral vascular ultrasound and physiological testing part II: testing for venous disease and evaluation of hemodialysis access: a report of the American College of Cardiology Foundation Appropriate Use Criteria Task Force, the American College of Radiology, American Institute of Ultrasound in Medicine, American Society of Echocardiography, American Society of Nephrology, Intersocietal Accreditation Commission, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society of Interventional Radiology, Society for Vascular Medicine, Society for Vascular Medicine, Society for Vascular Surgery. *J Am Coll Cardiol* 2013;62:649–65.

12. Other Contractor Policies

- L35451, Non-Invasive Peripheral Venous Studies, Novitas Solutions Jurisdictions H and L Local Coverage Determination

- L33693, Non-Invasive Evaluation of Extremity Veins, First Coast Service Options Jurisdiction N Local Coverage Determination

- L34229, Noninvasive Peripheral Venous Studies, Noridian Healthcare Solutions Jurisdiction E Local Coverage Determination

- L33627, Non-Invasive Vascular Studies, National Government Services Jurisdiction K Local Coverage Determination

	Meeting Date	Meeting Information	State
Open Meetings	06/01/2017	Noridian Healthcare Solutions Room W3 900 42nd Street S Fargo, ND 58108-6704	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

	Meeting Date	Meeting Information	State
Part B MAC Contractor Advisory Committee (CAC) Meetings	06/29/2017	Anchorage	Alaska
	06/20/2017	Phoenix	Arizona
	06/21/2017	Boise	Idaho
	06/14/2017	Teleconference and in person	Cheyenne Montana, Wyoming
	06/07/2017	Fargo	North Dakota
	06/24/2017	Portland	Oregon
	06/08/2017	Sioux Falls	South Dakota
	06/22/2017	Salt Lake City	Utah
	06/20/2017	Renton	Washington

Comment Period Start Date 06/01/2017

Comment Period End Date 08/14/2017

Released to Final LCD Date Not yet released.

Reason(s) for Proposed LCD Creation of Uniform LCDs Within a MAC Jurisdiction

Proposed LCD Contact Noridian Healthcare Solutions, LLC JF Part B Contractor Medical Director(s)
Attention: Draft LCD Comments
PO Box 6781
Fargo, North Dakota 58108-6781
policydraft@noridian.com

Coding Information

Proposed

Bill Type Codes	011x	Hospital Inpatient (Including Medicare Part A)
	012x	Hospital Inpatient (Medicare Part B only)
	013x	Hospital Outpatient
	018x	Hospital - Swing Beds
	021x	Skilled Nursing - Inpatient (Including Medicare Part A)
	022x	Skilled Nursing - Inpatient (Medicare Part B only)
	023x	Skilled Nursing - Outpatient
	028x	Skilled Nursing - Swing Beds
	083x	Ambulatory Surgery Center
	085x	Critical Access Hospital

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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

Revenue Codes **Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, *Medicare Claims Processing Manual*, for further guidance.

0921 Other Diagnostic Services - Peripheral Vascular Lab

Group 1: Paragraph

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

Group 1: Codes

CPT/HCPCS Codes	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

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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Does the CPT 30%

Coding Rule Apply?

No

Group 1: Paragraph

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes**

93970 and 93971: Covered for:

Group 1: Codes

ICD-10 Codes that Support Medical Necessity

Note: Performance is optimized by using code ranges.

I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I74.9*	Embolism and thrombosis of unspecified artery
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.11	Phlebitis and thrombophlebitis of right femoral vein
I80.12	Phlebitis and thrombophlebitis of left femoral vein
I80.13	Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.211	Phlebitis and thrombophlebitis of right iliac vein
I80.212	Phlebitis and thrombophlebitis of left iliac vein

I80.213	Phlebitis and thrombophlebitis of iliac vein, bilateral
I80.221	Phlebitis and thrombophlebitis of right popliteal vein
I80.222	Phlebitis and thrombophlebitis of left popliteal vein
I80.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.231	Phlebitis and thrombophlebitis of right tibial vein
I80.232	Phlebitis and thrombophlebitis of left tibial vein
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80.8	Phlebitis and thrombophlebitis of other sites
I82.1	Thrombophlebitis migrans
I82.220	Acute embolism and thrombosis of inferior vena cava
I82.411	Acute embolism and thrombosis of right femoral vein
I82.412	Acute embolism and thrombosis of left femoral vein
I82.413	Acute embolism and thrombosis of femoral vein, bilateral
I82.421	Acute embolism and thrombosis of right iliac vein
I82.422	Acute embolism and thrombosis of left iliac vein
I82.423	Acute embolism and thrombosis of iliac vein, bilateral
I82.431	Acute embolism and thrombosis of right popliteal vein
I82.432	Acute embolism and thrombosis of left popliteal vein
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral
I82.441	Acute embolism and thrombosis of right tibial vein
I82.442	Acute embolism and thrombosis of left tibial vein
I82.443	Acute embolism and thrombosis of tibial vein, bilateral
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.511	Chronic embolism and thrombosis of right femoral vein
I82.512	Chronic embolism and thrombosis of left femoral vein
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral
I82.521	Chronic embolism and thrombosis of right iliac vein

I82.522	Chronic embolism and thrombosis of left iliac vein
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
I82.531	Chronic embolism and thrombosis of right popliteal vein
I82.532	Chronic embolism and thrombosis of left popliteal vein
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral
I82.541	Chronic embolism and thrombosis of right tibial vein
I82.542	Chronic embolism and thrombosis of left tibial vein
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity
I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein

I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C21	Chronic embolism and thrombosis of right internal jugular vein
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
I82.811	Embolism and thrombosis of superficial veins of right lower extremities
I82.812	Embolism and thrombosis of superficial veins of left lower extremities
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.890	Acute embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.025	Varicose veins of left lower extremity with ulcer other part of foot

I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.11	Varicose veins of right lower extremity with inflammation
I83.12	Varicose veins of left lower extremity with inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.811	Varicose veins of right lower extremities with pain
I83.812	Varicose veins of left lower extremities with pain
I83.813	Varicose veins of bilateral lower extremities with pain
I83.891	Varicose veins of right lower extremities with other complications
I83.892	Varicose veins of left lower extremities with other complications
I83.893	Varicose veins of bilateral lower extremities with other complications
I87.001	Postthrombotic syndrome without complications of right lower extremity
I87.002	Postthrombotic syndrome without complications of left lower extremity

I87.003	Postthrombotic syndrome without complications of bilateral lower extremity
I87.011	Postthrombotic syndrome with ulcer of right lower extremity
I87.012	Postthrombotic syndrome with ulcer of left lower extremity
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.021	Postthrombotic syndrome with inflammation of right lower extremity
I87.022	Postthrombotic syndrome with inflammation of left lower extremity
I87.023	Postthrombotic syndrome with inflammation of bilateral lower extremity
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.091	Postthrombotic syndrome with other complications of right lower extremity
I87.092	Postthrombotic syndrome with other complications of left lower extremity
I87.093	Postthrombotic syndrome with other complications of bilateral lower extremity
I87.1	Compression of vein
I87.2	Venous insufficiency (chronic) (peripheral)
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity

I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower extremity
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
I96	Gangrene, not elsewhere classified
J80	Acute respiratory distress syndrome
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin

L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed

L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle

L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity
M71.21	Synovial cyst of popliteal space [Baker], right knee
M71.22	Synovial cyst of popliteal space [Baker], left knee
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
O22.21	Superficial thrombophlebitis in pregnancy, first trimester
O22.22	Superficial thrombophlebitis in pregnancy, second trimester

O22.23	Superficial thrombophlebitis in pregnancy, third trimester
O22.31	Deep phlebothrombosis in pregnancy, first trimester
O22.32	Deep phlebothrombosis in pregnancy, second trimester
O22.33	Deep phlebothrombosis in pregnancy, third trimester
O87.0	Superficial thrombophlebitis in the puerperium
O87.1	Deep phlebothrombosis in the puerperium
O88.211	Thromboembolism in pregnancy, first trimester
O88.212	Thromboembolism in pregnancy, second trimester
O88.213	Thromboembolism in pregnancy, third trimester
O88.22	Thromboembolism in childbirth
O88.23	Thromboembolism in the puerperium
Q27.31	Arteriovenous malformation of vessel of upper limb
Q27.32	Arteriovenous malformation of vessel of lower limb
Q27.8	Other specified congenital malformations of peripheral vascular system
R04.2	Hemoptysis
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.82	Tachypnea, not elsewhere classified
R07.1	Chest pain on breathing
R07.81	Pleurodynia
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R22.31	Localized swelling, mass and lump, right upper limb
R22.32	Localized swelling, mass and lump, left upper limb
R22.33	Localized swelling, mass and lump, upper limb, bilateral
R22.41	Localized swelling, mass and lump, right lower limb
R22.42	Localized swelling, mass and lump, left lower limb
R22.43	Localized swelling, mass and lump, lower limb, bilateral
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
T80.0XXA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter
T80.1XXA	Vascular complications following infusion, transfusion and therapeutic injection, initial encounter

- T81.72XA Complication of vein following a procedure, not elsewhere classified, initial encounter
- Z01.810* Encounter for preprocedural cardiovascular examination
- Z01.818* Encounter for other preprocedural examination
- Z09* Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

Group 1: Asterisk

*NOTE: Use ICD-10-CM code I74.9 to report paradoxical embolism.

*NOTE: ICD-10-CM code Z01.810 is only covered for CPT code 93971.

*NOTE: ICD-10-CM code Z01.818 is covered for either CPT/HCPCS code 93971 or G0365 only (Refer to Group 2 codes for HCPCS code G0365).

Please refer to Article A55529, Coding Guidelines: Non-Invasive Peripheral Venous Studies, for more information on reporting these codes.

*NOTE: 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).

Group 2: Paragraph

Medicare is establishing the following limited coverage for **HCPCS code G0365: Covered for:**

Group 2: Codes

- N18.4 Chronic kidney disease, stage 4 (severe)
- N18.5 Chronic kidney disease, stage 5
- N18.6 End stage renal disease
- Z01.818* Encounter for other preprocedural examination

Group 2: Asterisk

*NOTE: HCPCS code G0365 reported with ICD-10-CM code Z01.818 requires a secondary diagnosis code of N18.4, N18.5, or N18.6. ICD-10-CM code Z01.818 is covered for either CPT/HCPCS code 93971 or G0365 only (Refer to Group 1 codes for CPT code 93971).

Please refer to Article A55529, Coding Guidelines: Non-Invasive Peripheral Venous Studies, for more information on reporting these codes.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1: Paragraph

All those not listed under the “ICD-10 Codes that Support Medical Necessity” section of this policy.

Group 1: Codes

Note: Performance

is optimized by
using code ranges.

**Additional ICD-10
Information**

Associated Documents



Attachments

There are no attachments for this LCD.

**Related Local Coverage
Documents**

This LCD version has no Related Local Coverage Documents.

**Related National Coverage
Documents**

This LCD version has no Related National Coverage Documents.