Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Boost Non-Invasive Vascular Study Coding With This Insight

Tip: Review whether the code is bilateral or unilateral.

If non-invasive vascular diagnostic study claims are prevalent in your practice, there are specific guidelines and rules you need to follow to ensure your claims submissions are correct - especially for duplex scans.

Read on to learn how to report two different kinds of duplex scans - those for extracranial arteries and those for extremity veins.

Pinpoint These Codes for Duplex Scan of Extracranial Arteries

You should report an extracranial duplex scan with the following codes:

- 93880 (Duplex scan of extracranial arteries; complete bilateral study)
- 93882 (... unilateral or limited study)

You won't find any specific guidelines instructing you on the criteria for reporting codes 93880-93882 beyond the scope of what's needed to report Doppler (duplex) scans.

Documentation needed for duplex scans: Your medical documentation can meet the criteria for duplex scan reporting in two ways. The first method is for the report to simply state that your cardiologist performed a duplex study. You will typically find the documentation supporting this in the findings of the dictation report. Otherwise, you'll need to confirm documentation of two specific terms: color Doppler and spectral Doppler (or spectral analysis). While you'll need the documentation to support the use of color Doppler specifically, you can rely on the following terms, among others, to be used interchangeably with spectral Doppler:

- Acceleration rate
- Bandwidth broadening
- Waveform analysis
- Peak systolic velocity

Note: These criteria apply to reporting for all duplex Doppler studies.

Bilateral studies: A complete bilateral study will typically include an examination of the internal, external, and common carotid arteries, as well as the vertebral arteries. Only if two or more of the aforementioned arteries are not included, or the physician indicates other reasons for a limited study, should you consider reporting code 93882 for a bilateral service.

LCD considerations: The majority of MAC Local Coverage Determinations (LCDs) include most of the generalized diagnoses you might associate with extracranial duplex scans. However, keep in mind that submission of diagnoses such as R51.- (Headache), M54.2 (Cervicalgia) will typically result in a denial from MACs and most commercial payers.

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Rely on These Codes for Extremity Veins Duplex Scan Reporting

For a duplex scan of the extremity veins, you will report the following codes:

- 93970 (Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)
- 93971 (…unilateral or limited study)

On top of following the generalized duplex scan guidelines, when you report duplex scans of extremity veins, you also have other guidance to consider.

First, according to the American College of Radiology (ACR) Ultrasound Coding User's Guide, the criteria for 93970 lower extremity reporting includes examination of the common femoral, femoral, proximal deep femoral, great saphenous, and popliteal veins. Examination of calf veins may also be included and should not be considered as additional work. Criteria for 93970 upper extremity reporting should include examination of the subclavian, jugular, axillary, brachial, basilic, and cephalic veins. Forearm vein imaging is also included, when performed.

Caution: For bilateral services that don't meet the above criteria, you will code the service as a limited examination, 93971. You will also report 93971 for unilateral (complete or limited) imaging of upper or lower extremity veins. When you have all the criteria for 93970 or 93971 reporting, but the report does not include enough documentation to support a duplex scan, you should first query your provider. If the imaging does not include color or spectral Doppler, you should report the service with code 76882 (Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation).

"Do not report 93970-93971 for hemodialysis access imaging," says **Robin Peterson, CPC, CPMA**, Manager of Professional Coding Services, Pinnacle Integrated Coding Solutions LLC. "When signs or symptoms indicate there may be an issue with the vascular access site, report 93990."

LCD considerations: For purely diagnostic purposes, you won't find any LCD guidelines on primary diagnosis reporting for generalized extremity venous evaluations. However, most MACs and commercial payers require different primary code reporting for 93970 or 93971 when performed for the following reasons:

- Pre-surgical conduit mapping for coronary artery bypass graft procedures
- Pre-surgical vein mapping for peripheral artery bypass
- Vein mapping for dialysis access

For duplex scans of extremity veins performed for pre-surgical conduit mapping for coronary artery bypass graft procedures, you should list either Z01.810 (Encounter for preprocedural cardiovascular examination) or Z01.818 (Encounter for other preprocedural examination) as the primary diagnosis.

For presurgical vein mapping for peripheral artery bypass or vein mapping for dialysis access, you should report Z01.818 as the primary diagnosis. Findings and any other clinical indications should be reported as secondary diagnoses for all three services.

"Duplex scans use 2D grey-scale images to look at the vessel size and determine whether there's a presence of plaque or narrowing of the vessel and then combines those images with Doppler spectral analysis to measure changes in the velocity of blood flow. Together the test pinpoints where and to what severity the narrowing of the vessels studied," Peterson says. "Color flow must be utilized to report a duplex study and provide a color code of the direction and velocity of blood flow in the vessel."

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