

Noninvasive Tests of Carotid Function(NCD 20.17)

Policy Number	20.17	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	05/14/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

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The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Noninvasive tests of carotid function aid physicians in studying and diagnosing carotid disease. There are varieties of these tests which measure various anatomical and physiological aspects of carotid function, including pressure (systolic, diastolic, and pulse), flow, collateral circulation, and turbulence.

For operational purposes, it is useful to classify noninvasive tests of carotid function into direct and indirect tests. The direct tests examine the anatomy and physiology of the carotid artery, while the indirect tests examine hemodynamic changes in the distal beds of the carotid artery (the orbital and cerebral circulations).

Reimbursement Guidelines

It is important to note that the names of these tests are not standardized. Following are some of the acceptable tests, recognizing that this list is not inclusive and that local medical consultants should make determinations:

Direct Tests

- Carotid Phonoangiography
- Direct Bruit Analysis
- Spectral Bruit Analysis
- Doppler Flow Velocity
- Ultrasound Imaging including Real Time
- B-Scan and Doppler Devices

Indirect Tests

- Periorbital Directional Doppler Ultrasonography
- Oculoplethysmography
- Ophthalmodynamometry

All non-invasive vascular study CPT codes are considered bilateral codes, unless otherwise indicated in the CPT definition. The procedure codes included in this policy have either a bilateral surgery indicator of "0" or "2." Therefore, the 150% payment adjustment for bilateral procedures does not apply. Modifier -50 and/or the anatomic modifiers, -LT/-RT should not be used. If a unilateral study is performed, use modifier -52 (reduced services).

CPT/HCPCS Codes

Code	Description
92260	Ophthalmodynamometry
93875	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis) (Deleted 12/31/2012-no new code listed)
93880	Duplex scan of extracranial arteries; complete bilateral study

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93882	Duplex scan of extracranial arteries; unilateral or limited study
93886	Transcranial Doppler study of the intracranial arteries; complete study
93888	Transcranial Doppler study of the intracranial arteries; limited study
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection

Modifiers

Code	Description
50	Bilateral Procedure
52	Reduced Services

References Included (but not limited to):

CMS NCD

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CMS LCD(s)

Numerous LCDs

CMS Articles

Numerous Articles

CMS Benefit Policy Manual

Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

CMS Transmittals

Transmittal 167, Change Request 3194, Dated 4/30/2013

UnitedHealthcare Medicare Advantage Coverage Summaries

Cardiovascular Diagnostic Procedures

Carotid Procedures and Testing

Others

Billing & Coding Guidelines 11/1/12

Social Security Administration § 1833(e)

Social Security Administration § 1862(a)(1)(A)

Social Security Administration § 1862(a)(7)

CMS Manual System, Pub. 100-8, Medicare Program Integrity Manual, Chapter 13, § 13.1.3

History

Date	Revisions
05/14/2014	<ul style="list-style-type: none"> • Annual review • Administrative update
05/08/2013	Administrative update