

March 12, 2020

Chris L. Jagmin, MD
Head of Medical Policy
Executive Medical Director / Clinical Services
Aetna CVS Health
151 Farmington Avenue, AS11
Hartford, CT 06156

RE: Physiologic studies of upper or lower extremities (CPT codes 93922, 93923, 93924)

Dear Dr. Jagmin,

The Society for Vascular Surgery (SVS) AND Society for Vascular Ultrasound (SVU) would like to take this opportunity to respond to your letter to us dated May 20, 2019 concerning the automatic denials for physiologic studies of the upper or lower extremities (CPT 93922, 93923, 93924) on the same day as arterial duplex (CPT 93925, 93926, 93930, 93931). The SVS continues to feel that the physiologic study and the duplex scan are complimentary and not mutually exclusive. Significant arterial lesions with excellent collateral circulation may result in normal physiologic findings at rest. Duplex imaging is needed to determine the etiology of disease (atherosclerosis, embolization, thrombus, aneurysm, extrinsic compression). Surgical and endovascular arterial interventions require routine surveillance. Duplex scanning has been shown to be more reliable than ABIs alone for predicting graft failure, but duplex cannot replace ABIs as the overall ankle pressure helps identify problems missed on duplex scanning, making both imperative in graft surveillance exams.

The Society for Vascular Ultrasound (SVU) is a professional society comprised of over 6,000 vascular technologists, sonographers, nurses, and physicians, who provide a variety of high-quality vascular ultrasound services. Ultrasound is a critical tool that offers a highly accurate, non-invasive, and low-cost means of informing the diagnosis and treatment for a wide array of patients with vascular disease. Likewise, the SVS is composed of 5,800 specialty-trained vascular surgeons and other medical professionals that would be ordering these studies frequently given the scope of patient care provided. We are not surprised by your internal data that many providers routinely do both studies on the same extremities for screening or routine monitoring. There is likely an appropriateness issue here as in many of those cases a physiologic study or duplex alone would likely not suffice in providing an accurate clinical picture. The SVS does appreciate your willingness to allow both studies when the claim is submitted with ICD-10 codes Z98.820 (peripheral vascular angioplasty status with implants and grafts) or Z98.62 (peripheral vascular angioplasty status). However, in post-operative surveillance there are many scenarios where both studies would be needed that these additional two codes would not cover. While the peripheral vascular angioplasty codes may be adequate in some circumstances it would most likely not include several other clinically warranted conditions or situations such as post bypass graft surveillance as well as following for disease status and progression in patients with large and medium vessel vasculitis and peripheral aneurysms.

As shared with you in our prior letter, the SVS Guidelines (*J Vasc Surg.* 2018;68:256–284) as well as the American College of Radiology (ACR) Guidelines (<https://www.acr.org>) support both the physiologic testing and the arterial duplex at the same setting. While the SVS Guidelines are focused on post-operative surveillance, the ACR Guidelines also recommend imaging for previously identified disease, such as a documented stenosis in an artery that has not undergone intervention, aneurysms, atherosclerosis, or other occlusive disease. The ACR also recommends duplex imaging for arteritis, fibromuscular dysplasia, masses, aneurysms, pseudoaneurysm, arterial dissections, vascular injuries, arteriovenous fistula, thromboses, emboli, and vascular malformations. There are many conditions that require physiologic testing and an arterial duplex scan.

In reviewing the Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) for non-invasive vascular studies (L33627) physiologic testing and arterial duplex performed in the same encounter may be reimbursed if the physiologic study is abnormal, if the evaluation is for vascular trauma, thromboembolic events, or aneurysmal disease, or if the provider can document medical necessity in the patient's medical record. This would allow for an expanded use of duplex and physiologic studies beyond the very selective codes provided on the response letter from May 20, 2019. Further, CMS LCD A56758 provides diagnosis codes permissible for lower extremity physiologic and duplex studies. Perhaps a solution is to require the medical necessity be documented as well as expanding acceptable diagnosis codes to include those provided by CMS LCD.

Lastly, critical for vascular surgery practice is the requirement for accreditation from the IAC (Intersocietal Accreditation Commission) for vascular testing. Many health insurers, including Aetna, require non-invasive testing be performed in facilities accredited in vascular testing. These standards from the IAC require an ABI at the time of the duplex examination. If a facility does not follow the standards, it may not be granted accreditation through the program.

Intersocietal Accreditation Commission-Vascular Testing: Standards and Guidelines for Vascular Testing Accreditation

3.5.1.1B Duplex ultrasound used to evaluate arteries and/or bypass grafts must include measurement and documentation of the ankle brachial indices that is generally performed at the time of the examination. Previous ABI measurements may only be used if:

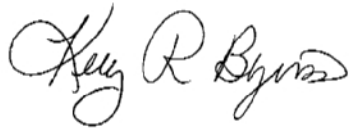
- i. the ABI is performed within two weeks prior to the duplex examination;*
- ii. was performed in the same facility;*
- iii. there has been no change in the patient's symptoms;*
- iv. the results and date of the previous ABI must be included in the final report.*

It is conceivable that centers would schedule patients for their physiologic test and then have them come back within two weeks for their arterial duplex to work around Aetna's denial of same day testing in order to comply with the IAC standards. This seems time consuming and burdensome to patient care. Another concern is that if a provider does not have both the duplex and the physiologic arterial study to help guide decision making, this may lead to more costly

studies (CTA and MRA) as well as more invasive studies such as angiogram via arterial catheterization which would most likely raise healthcare costs.

SVS and SVU strive to provide high quality cost efficient care to all our patients and thanks you for your consideration of these comments with the goal of having the appropriate studies ordered with the least burden in order to enhance patient care. If you should have any questions, please don't hesitate to contact as via email at trishacrishock@gmail.com.

Sincerely,



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