

Codes for use in billing Noninvasive Vascular Studies

Non-invasive vascular testing procedures are recognized by most insurers as eligible for reimbursement if they are deemed medically necessary. The American Medical Association has adopted National Current Procedure Terminology Codes (CPT®) to aid the physician in billing. We recommend that providers confirm specific coverage policies relating to the codes for non-invasive vascular testing with their local Medicare carrier and commercial payers. Actual coverage can be affected by variables such as region, provider type/contract, or insurance product type.

Non-invasive vascular studies include any patient care required to perform the studies, supervision of the studies, and interpretation of the study results. Hard copy output with analysis of all data should be provided for patient records.

Code	CPT® Description	Test Description
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional Doppler waveform recording and analysis at 1-2 levels, <i>or ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels</i> , or ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)	Test involving pressures at the ankle and brachia, and PVR waveforms at the ankle.
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries 3 or more levels, (eg, for lower extremity: ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional Doppler waveform recording and analysis at 3 or more levels, <i>or ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 3 or more levels</i> , or ankle /brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels, or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	Test involving pressures at the ankle and brachia, and PVR waveforms at the ankle, calf, and above the knee. (addition of pressures at calf and above the knee available with program upgrade)
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study.	Code encompasses a segmental “at rest” test, exercise using a motorized treadmill to induce symptoms, and testing at timed intervals after exercise.
93965	Non-invasive physiologic studies of extremity veins complete bilateral study (for example, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography).	Tests for chronic venous insufficiency.

Modifiers TC and 26 should be used as appropriate to indicate that the technical or professional component was performed.

Per CPT requirements, to report a unilateral (one side only) non-invasive diagnostic study; if three or more levels are measured on one limb use code 93922, if only one or two levels are measured use code 93922 with modifier 52 and provide a reason why it was unilateral. (ie.: Amputation, cellulitis, infectious disease, etc.) Reimbursement amount will normally be reduced if this modifier is used.

Additional codes useful to Hospital based providers:

APC 0096 “Non-Invasive Vascular Studies” describes all tests listed above

Possible Revenue Codes include 0920, 0921, 0929, 0960, 0982, 0983. Please check your local Medicare Carrier’s LCD or other documentation (policies vary), and determine the locally available code which best describes where the service was performed or the department using the charge.