

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 34.3
TITLE: NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES: Extremity
Venous Studies (including digits)

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4 (b)(2)(vii) and (c)

TRICARE POLICY MANUAL: Chapter 1, Section 19.3

I. EFFECTIVE DATE

April 25, 1988

II. PROCEDURE CODE(S)

93762, and 93965-93971

III. POLICY

Procedures within this code range may be cost-shared when medically necessary and appropriate.

IV. POLICY CONSIDERATIONS

A. General. The information in this section is to assist in case-specific benefit adjudication. Clinical indications listed are not all-inclusive.

Procedures accomplished for non-listed indications, which are not otherwise excluded, may be cost-shared when medically necessary and appropriate. Doppler ultrasound and venous plethysmography allow diagnosis of thrombi by detection of alteration in venous flow.

B. Clinical Indications.

1. Typical symptoms which support a venous study include acute or chronic swelling of the lower or upper extremity; ulceration of the lower or upper extremity; or lower or upper extremity pain.

2. The following clinical indications apply to CPT code 93965:
 - a. ICD-9-CM 453.8: Deep venous resistance or acute superficial venous thrombosis;
 - b. ICD-9-CM 454.9: Valvular incompetence (deep or superficial varicose veins);
 - c. ICD-9-CM 459.81; 459.1: Chronic venous insufficiency (post-phlebitic syndromes);
 - d. ICD-9-CM 415.1: Pulmonary embolus (to determine if source is in the lower extremity or prior to cable filter placement); and
 - e. ICD-9-CM 453.9: Upper extremity venous thrombosis (deep or superficial).

C. Technology. This information is provided as background for individuals involved in benefit adjudication. See the LIMITATION and EXCLUSION sections for technology related benefits coverage policy.

1. Non-imaging
 - a. Venous Doppler survey.
 - b. Venous plethysmography (PVR) measures venous outflow by one or a combination (usually air and impedance types) of the following methods: air plethysmography; impedance plethysmography (IPG); strain-gauge plethysmography (SGP); phleborheograph plethysmography (PRG); segmental plethysmography (PRG).
 - c. Photoplethysmography (PPG) used with tourniquets to detect venous insufficiency before surgery on varicose veins.
2. Imaging:
 - a. Magnetic Resonance Angiography.
 - b. Pulsed Doppler arteriography.
 - c. Real-time B-mode ultrasound.
 - d. Duplex ultrasound.
 - e. Color-coded echo flow arteriography..
 - f. Ascending or descending contrast venography.

D. Frequency.

1. Doppler ultrasound and venous plethysmography may be repeated one or more times if the initial study is negative for acute deep vein thrombosis.
2. A repeat of a positive study when used as a guide to determine the success of therapeutic interventions is usually medically necessary.
3. For bed rest patients, studies may be repeated every few days to manage for deep vein thrombosis.
4. For other tests aimed at chronic venous insufficiency (superficial, deep, obstructive, or valvular insufficiency), repeat tests may be justified to gauge the effectiveness of therapeutic interventions.
5. A repeat Duplex scanner study is usually only medically necessary for the following indications:
 - a. a high suspicion of the early formation of an acute deep vein thrombosis;
 - b. an earlier equivocal test
 - c. to determine patient progress;
 - d. to evaluate a change in clinical status; and
 - e. to evaluate a surgical result.

V. LIMITATIONS

A. Any claim for the third and subsequent repetition of an extremity venous study-procedure within a period of 12 contiguous months for a specific beneficiary must be referred to medical review for confirmation of medical necessity and appropriateness.

B. Any claim for the following venous study-procedure methods must be referred to medical review for confirmation of medical necessity and appropriateness as these procedures are not usually considered productive for studies below the knee:

1. Doppler venous survey
2. Impedance plethysmography
3. Photoplethysmography
4. Strain gauge plethysmography

5. Air plethysmography

VI. EXCLUSIONS

The following are excluded from coverage:

1. Thermography is excluded (CPT code 93762: Thermogram, peripheral).
[38 CFR 17.272 (a)(81)]
2. Water plethysmography.

END OF POLICY