

PAD DIAGNOSTIC RESOURCES

2019 Criteria for PAD Testing

January 2019

Summary Effective January 1, 2011, CMS made changes to the most common CPT codes used for lower extremity testing. These changes appear to have made procedures using many current products ineligible for reimbursement. In addition, in 2011, **and again in 2016**, the AHA/ACC confirmed their guidelines reinforcing these changes.

Vascular studies are diagnostic procedures performed to determine blood flow and/or the condition of arteries and/or veins. Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of the study results with copies for patient records of hard copy output with analysis of all data. Non-invasive testing for peripheral artery disease (PAD) does not have "National Coverage". Instead, individual Medicare insurance carriers determine the local coverage requirements.

Diagnosis of PAD is covered under several CPT codes, including:

CPT 93922, the basic test, is for a bilateral study of the lower extremities, single level
CPT 93923, the segmental test, expands the test to three or more levels of the leg to attempt to localize the occlusion

2011 (AND 2016) CPT CRITERIA FOR CPT CODES 93922 AND 93923.

In 2011 CMS significantly changed the criteria for the information required for reimbursement under CPT codes 93922 and 93923. Previously only an ABI (with no mention of how the pressures were acquired) and waveforms from a bidirectional Doppler or a pulse volume recording (PVR) were required. **Now the ABI pressures must be measured using both the posterior tibial (PT) and the dorsalis pedis (DP) arteries.** *This effectively means that a Doppler must be used to take the pressures, thus eliminating products that use oscillometric or PPG techniques to obtain the pressures, since with those it is generally not possible to separate the PT and DP results.* (PVR or bidirectional Doppler waveforms must still be included.)

The revised criteria are still straightforward and the test is not difficult to perform. To calculate the ABI for each leg the protocol is to simply use the higher of the PT or DP pressures divided by the higher of the brachial pressures from the arms.

All Newman Medical simpleABI systems meet the new criteria.

Accreditation Requirements

Medicare insurance carriers impose varying degrees of restriction on who may be reimbursed for performing vascular examinations. Some carriers require only that the exam be performed by a person with adequate training and background. Other carriers recommend, but don't require, that the "studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation."

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The most restrictive Medicare carriers require that the exam be supervised by or performed by a physician, registered technician or specialist (RVT, RCVT, RVS), or by an accredited laboratory.

Reimbursement Levels

Levels of reimbursement for 2019 did not change significantly. The most recent Medicare reimbursement for the reimbursable ABI exam (CPT Code 93922) is an average of \$114. At this rate, the revenue generated is:

ABI Exams/Week	Average Reimbursement	Monthly Revenue	Annual Revenue
5	\$90	\$1950	\$23,400
10	\$90	\$3900	\$46,800

Screening

Peripheral artery studies are usually not reimbursable for the asymptomatic patient (i.e. screening is not reimbursable) under CPT 93922. However, the PARTNERS study¹ showed that almost 50% of at-risk patients were asymptomatic until PAD was detected with ABI screening. A criterion of an ABI less than 0.9 was used to determine the presence of PAD.

Doing screening in your facility can significantly enhance the return from your simpleABI system because:

- Patients are willing to pay you directly for this screening – many facilities provide screening with charges that range from 0 to \$80, with a median of about \$30.
- This screening will discover patients with asymptomatic PAD who, because they now have demonstrated PAD, could possibly be further tested with the reimbursable test. Remember that studies have shown that 90-95% of your patients with PAD might normally be missed if just the classic claudication symptoms are used. Asymptomatic patients have been shown to have the same risk factors for increased mortality, disability, amputation and diminished quality of life as those with symptoms.

Screening ABI Exams/Week	Average Reimbursement	Monthly Revenue	Annual Revenue
10	\$20	\$866	\$10,400
15	\$30	\$1,950	\$23,400

The simpleABI diagnostic systems from Newman Medical make screening for PAD very quick and easy. No accreditation requirements apply to screening tests. Newman Medical provides with your system a variety of materials, including patient handouts and posters, that you can use to let your patients – and others in the community – know that you are offering this screening.

COMMERCIAL INSURANCE

Commercial insurance reimbursement rates for vascular studies are set by the individual insurance companies. Although the perception is that most PAD patients are Medicare, the realization that there are so many PAD patients in the 50 – 65 year range with diabetes or that were smokers means that private carriers should be addressed as well.

¹ 1. Hirsch AT, Criqui MH, Treat-Jacobsen D, et al. Peripheral arterial disease detection, awareness, and treatment in primary care. JAMA 2001;286:1317-24.