

PAD DIAGNOSTIC RESOURCES

2020 Criteria for PAD Testing

Summary Effective January 1, 2011, CMS made changes to the most common CPT codes used for lower extremity testing which mirrored the periodic statement from the American Heart Association and American College of Cardiology (AHA/ACC). In addition to 2011, the AHA/ACC reconfirmed their clinical recommendations in 2016 and again in 2019. These changes to CPT descriptions provided specific examples of testing methods within the CPT codes themselves. It is important to differentiate between AHA/ACC clinical recommendations and reimbursement criteria. Given that CPT® codes 93922-93924 apply to both upper and lower extremity diagnostic testing, the specific protocols are cited **as examples and not requirements for reimbursement.**

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 Determinations”. Instead, individual Medicare insurance carriers determine the local coverage requirements.

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

- CPT 93922, a basic test for a single level bilateral study of upper or lower extremities
- CPT 93923, expands testing to three or more levels of the extremities to attempt to localize the occlusion **OR** provides for pre and post exercise testing utilizing provocative maneuvers.
- CPT 93924, provides for treadmill testing utilizing a specific protocol.

2011/2016/2019 AHA/ACC RECOMMENDATIONS VS CPT CODES

In 2011 CMS significantly changed the description for reimbursement under CPT codes 93922, 93923, & 93924. 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. Currently there are specific examples cited stating the ABI pressures must be measured using both the posterior tibial (PT) and the dorsalis pedis (DP) arteries. *These examples follow e.g., Latin for exempli gratia or translated for example.* These CPT codes also cover upper extremity testing where certainly dual ankle pressures are not required or clinically appropriate.

The reconfirmed AHA/ACC guidelines are still straightforward and using dual ankle pressures are clinically useful to separate and localize blood flow in two significant arteries in the legs. While the ACC/AHA continues to recommend using a Doppler based device and measuring pressures as the ‘gold standard’ for ABI diagnosis, there are also clinical reasons for performing vascular diagnosis with alternative methods.

NEWMAN MEDICAL SYSTEMS PROVIDE MULTIPLE TESTS TO MEET YOUR PRACTICE

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.”

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.

Newman Medical provides general reimbursement information related to the diagnosis of peripheral arterial disease as an overview for our customers. It is important to understand that reimbursement is a complex process and requirements are subject to change without notice. It is the responsibility of the healthcare provider to determine and submit appropriate codes, charges and modifiers for services that are rendered. Prior to filing any claims, customers are advised to contact their third-party payers for specific coverage, coding and payment information. Newman Medical makes no promise or guarantee of reimbursement by Medicare or any other third-party payer.

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Reimbursement Levels

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	\$114	\$2,470	\$29,640
10	\$114	\$4,940	\$59,280

Screening

Peripheral artery studies are usually not reimbursable for the asymptomatic patient (i.e. testing without medical necessity 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	\$30	\$1,300	\$15,600
20	\$30	\$2,600	\$31,200

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.