

# PAD TESTING PROTOCOL

### PAD Risk factors

- Age >64 years
- Age 50-64 and smoker or diabetic
- Age <50 with diabetes and one other of smoking, hyperlipidemia, hypertension
- Leg pain with exertion or ischemic rest pain
- Abnormal lower extremity pulse
- Known atherosclerotic coronary, carotid, or renal disease

### Typical Indications/symptoms

- Claudication
- Limb pain at rest
- Extremity ulcer/gangrene
- Assessment of healing potential
- Absent peripheral pulses
- Blunt or penetrating trauma
- Evaluation of therapeutic outcome
- Abnormal ABI
- Cold sensitivity
- Digital cyanosis

Perform Resting **ABI** w/ankle PVRs  
 CPT 93922 with symptoms  
 simpleABI 300, 400CL, 500CL, 600CL

Normal: ABI 0.91 – 1.39

No symptoms –  
Monitor risk factors

With Symptoms

Perform **ABI STRESS** test  
 CPT 93924 with treadmill test  
 CPT 93923 with toe raises  
 simpleABI 600CL

ABI Constant

Look for other  
causes of symptoms

ABI Decreases

Abnormal: TBI <0.70 or  
Abnormal PVR waveforms

Normal - No PAD  
Monitor risk factors

PAD

Perform **SEGMENTAL** tests to  
define level and extent of obstruction  
 CPT 93923  
 simpleABI 500CL, 600CL

Abnormal High: ABI >1.40

Incompressible arteries?  
Perform **TBI**  
Evaluate PVR waveforms  
 CPT 92922 with ABI and PVRs  
 simpleABI 300, 400CL, 500CL, 600CL

Abnormal Low: ABI <0.90

# PAD REIMBURSEMENT CODES

CPT Code*	Description	simpleABI Systems
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, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/ brachial indices at distal posterior tibial and anterior tibial/ dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)	ABI-300 ABI-400CL ABI-500CL ABI-600CL
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 segmental blood pressure measurements with bidirectional doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	ABI-500CL ABI-600CL
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	ABI-600CL