

Non-Invasive Abdominal/Visceral Vascular Studies (93975, 93976, 93978, 93979, 93980, 93981) L35755

Indications:
<p>Diagnostic tests must be ordered by the physician who is treating the beneficiary and who will use the results in the management of the beneficiary's specific medical problem. Services are deemed medically necessary when all of the following conditions are met:</p> <ol style="list-style-type: none">1. Signs/symptoms of ischemia or altered blood flow are present;2. The information is necessary for appropriate medical and/or surgical management;3. The test is not redundant of other diagnostic procedures that must be performed. <p>Although, in some circumstances, non-invasive vascular tests are complimentary, such as MRA and duplex, where the latter may confirm an indeterminate finding or demonstrate the physiologic significance of an anatomic stenosis such as in renal, iliac, and/or femoral arteries.</p>
<p>Abdominal/Visceral Vascular Studies</p> <p>Abdominal/visceral non-invasive vascular studies are indicated in the evaluation and /or management of vascular disease along with, the narrowing or blockage of arteries that supply blood to the abdomen including intestines (mesenteric vascular disease), pelvic and scrotal contents, and/or retroperitoneal organs including the kidneys (renal vascular disease).</p>
<p>A. Abdominal, Retroperitoneal and Pelvic Organs</p> <p>Indications:</p> <ol style="list-style-type: none">1. Uncontrolled hypertension.2. Stenosis of visceral artery (atherosclerotic, fibromuscular dysplasia, vasculitis, functional).3. Aneurysm of visceral artery.4. Portal hypertension, with or without ascites.5. Cirrhosis of the liver.6. Venous embolism, hemorrhage, infection, and/or thrombosis of visceral vein (renal, hepatic, mesenteric, portal or splenic).7. Stenosis of visceral vein (renal, hepatic, mesenteric, portal or splenic).8. Complications of internal (biological) (synthetic) prosthetic device implant and/or graft.9. Complications in abdominal organ or tissue transplant.10. Pain or swelling of scrotal contents which may be a result of suspected obstruction in arterial inflow or venous outflow to testicles or related structure.11. Torsion of the spermatic cord; acute epididymitis or epididymoorchitis; or torsion of the testicular appendages.12. Hypertension and normotensive renovascular disease with impaired renal function which could be acute kidney failure, chronic kidney disease, end stage renal disease, or other vascular disorders of the kidneys.13. Pain or swelling of the female genital organs which may be the result of torsion of the ovaries, ovarian pedicle, or fallopian tube.14. Trauma to the abdominal, retroperitoneal and/or pelvic organs, arteries, and /or veins.

B. Aorta, Inferior vena cava, Iliac Vasculature and Bypass grafts**Indications:**

1. Atherosclerosis of aorta.
2. Atherosclerosis of the extremities with intermittent claudication.
3. Atherosclerosis of other specified arteries.
4. Aortic aneurysm and dissection.
5. Aneurysm of iliac artery.
6. Thromboangiitis obliterans (Buerger's disease).
7. Peripheral vascular disease unspecified.
8. Arterial embolism and thrombosis of abdominal aorta.
9. Arterial embolism and thrombosis of iliac artery.
10. Phlebitis and thrombophlebitis of iliac vein.
11. Venous embolism and thrombosis of vena cava.
12. Complications related to surgical procedures involving prosthetic device implant, graft, and/or shunts.
13. Complications of organ or tissue transplant.
14. Trauma to the chest wall and /or abdomen resulting in a possible injury to the aorta, inferior vena cava and/or iliac vasculature.

Limitations:

1. Vascular studies are not the initial diagnostic modality for the evaluation of abdominal pain/tenderness. There must be a high index of suspicion that the pain is caused by a vascular disorder, such as mesentery ischemia.
2. Routine imaging of the iliac veins is not medically necessary. Exceptions will be made for specific medical indications of possible propagation of a known thrombus for consideration for placement of a vena cava filter device via the femoral approach. The medical necessity must be documented in the medical record.
3. Abdominal aortic aneurysms > four cm in diameter may be followed with abdominal ultrasound every six months. Documentation of medical necessity needs to be provided for studies performed more frequently.
4. The outcome must impact the clinical management of the patient. For example, if a patient is going to proceed on to other diagnostic and/or therapeutic procedures regardless of the outcome of the noninvasive studies, the non-invasive vascular studies are usually not medically necessary. That is, if it is obvious from the findings of the history and physical examination that the patient is going to proceed to angiography, then noninvasive vascular studies may not be medically necessary.

Each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each study reported to be clearly documented in the patient's medical record.

Frequency of follow-up studies will be carefully monitored for medical necessity, and it is the responsibility of the physician/provider to maintain documentation of medical necessity in the patient's medical record.

Generally, it is expected that noninvasive abdominal/visceral vascular studies would **not be performed more than once in a year**, excluding inpatient hospital (21) and emergency room (23) places of services.

Only **one preoperative scan** is considered reasonable and necessary for bypass surgery. If a more current preoperative scan is indicated for a patient with multiple comorbidities having difficulty being stabilized for surgery or a change in condition, the medical record would need to support the medical necessity of the second scan.

The frequency of medically necessary follow-up noninvasive abdominal/visceral vascular studies post-angioplasty is dictated by the vascular distribution treated.

Preventive and/or screening services unless covered under Statute are not covered by Medicare.

Most Common Diagnoses for Duplex Scan of Arterial Inflow and Venous Outflow of Abdominal, Pelvic, Scrotal Contents and/or Retroperitoneal Organs 93975, 93976 (which meet medical necessity) *

I10	Hypertension
I11.9	Hypertensive heart disease
I12.9	Hypertensive chronic kidney disease
I70.1	Atherosclerosis of renal artery
I86.1	Scrotal varices
K55.1	Chronic vascular disorders of intestine
K74.60	Cirrhosis of liver
N17.9	Acute kidney injury/failure
N18.2	Chronic kidney disease, stage 2 (mild)
N18.30	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N26.1	Atrophy of kidney
N43.3	Hydrocele
N43.40	Spermatocele of epididymis
N44.00	Torsion of testis
N44.2	Orchitis
N45.1	Epididymitis
N45.2	Orchitis
N45.3	Epididymo-orchitis
N49.2	Inflammatory disorders of scrotum
N50.3	Cyst of epididymis
N50.811	Right testicular pain
N50.812	Left testicular pain
N50.82	Scrotal pain
N50.89	Atrophy/ edema/ or hypertrophy of scrotum, seminal vesicle, spermatic cord, tunica vaginalis, and vas deferens
Q27.1	Congenital renal artery stenosis
R10.2	Pelvic and perineal pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain

Most Common Diagnoses for Duplex Scan of Aorta, Inferior Vena Cava, Iliac Vasculature, or Bypass Grafts 93978, 93979 (which meet medical necessity) *	
I70.0	Atherosclerosis of aorta
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I71.43	Infrarenal abdominal aortic aneurysm, without rupture
I72.3	Aneurysm of iliac artery
I74.5	Embolism of and thrombosis of iliac artery
I77.811	Abdominal aortic ectasia
Z48.812	Encounter for surgical aftercare following surgery on the circulatory system
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z95.828	Presence of other vascular implants and grafts

*See the complete list of Medicare covered diagnoses and payment rules:

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57591>

To see the complete coverage indications and limitations:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35755>

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.