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Local Coverage Determination (LCD) for Noninvasive Cerebrovascular Studies (L28283)

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Contractor Information

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LCD Information

Document Information

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LCD Title
Noninvasive Cerebrovascular Studies

Contractor's Determination Number
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Revision Ending Date

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 1, §20.14 - Plethysmography.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 1, §20.17 - Noninvasive Tests of Carotid Function.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, §220.5 - Ultrasound Diagnostic Procedures.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, §220.11 - Thermography.

CMS Manual System, Pub. 100.02, *Medicare Benefit Policy Manual*, Chapter 15, §80.6.1 - Definitions (treating physician, treating practitioner, testing facility and order).

Indications and Limitations of Coverage and/or Medical Necessity

Noninvasive cerebrovascular arterial studies are used to identify possible problems in structure or flow of the carotid artery and other cerebrovasculature. There are a wide variety of these tests that measure various anatomical and physiological aspects of carotid function.

In vascular ultrasound, a transducer directs high-frequency sound waves through layers of tissue of the artery or vein being tested. When these waves strike red blood cells (RBCs) moving through the bloodstream, their frequency changes in proportion to the flow velocity of the RBCs. Recording of these waves permits detection of arterial and venous obstruction.

Duplex Scan

This procedure combines high resolution B-mode real-time imaging with Doppler ultrasound and spectral analysis. The scan provides anatomic and hemodynamic information regarding the cervical carotid arteries. Data regarding percent stenosis and characterization of atheromatous plaque are provided. Color-flow Doppler is used to enhance conventional data acquisition.

Physiologic Studies

This term implies functional measurement procedures including Doppler ultrasound studies, ocular pneumoplethysmography, blood pressure measurement, transcutaneous oxygen tension measurements and/or plethysmography. A complete study includes pressure measurements and an additional physiologic technique (e.g., Doppler waveforms

or plethysmography). Plethysmography implies volume measurement procedures including air, impedance or strain gauge methods.

Transcranial Doppler

Pulsed Doppler ultrasound is used to interrogate the intracranial vasculature of the Circle of Willis. Its value has been established in detecting severe stenoses in the major intracranial arteries, assessing patterns and extent of collateral circulation in patients with known regions of severe stenosis or occlusion and evaluating and following patients with vasoconstriction particularly after subarachnoid hemorrhage.

"The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reported." (End of Quote) (CPT 2007, p 398)

Noninvasive vascular studies include the patient care required to perform the studies, supervision of the studies, and interpretation of study results, with copies for patient records of hard copy output with analysis of all data, including bi-directional vascular flow or imaging when provided.

Indications for CPT Codes 93875, 93880 and 93882 for Cerebrovascular Evaluation:

1. Cervical bruits.
2. Amaurosis fugax.
3. Focal cerebral or ocular transient ischemic attacks (i.e., localizing symptoms, weakness of one side of the face, slurred speech, weakness of a limb). Visual transient ischemic attacks are defined as retinal or hemispheric visual field deficits and not temporary blurred vision.
4. Drop attack or syncope is a rare indication primarily seen with vertebrobasilar or bilateral carotid artery disease. Incoordination or limb dysfunction should be grouped with unilateral weakness of the face or extremities.
5. Subclavian steal syndrome.
6. Blunt neck trauma.
7. Follow-up after a carotid endarterectomy.
8. Re-evaluation of existing carotid stenosis.
9. Evaluation of pulsatile neck mass.
10. **Preoperative evaluation of patients scheduled for major cardiovascular surgical procedures.**
11. Evaluation of nonhemispheric or unexplained neurologic symptoms.
12. Retinal arterial emboli.
13. Evaluation of suspected dissection

Indications considered investigational for TCD (Transcranial Doppler) (CPT Code 93886 and 93888) include:

1. Migraine or headaches.
2. Dizziness not associated with localizing symptoms. While ICD-9-CM 780.4 is listed as a covered diagnosis code, it is important to note that dizziness and giddiness alone are not usual indications unless associated with other localizing signs and symptoms. Episodic dizziness with symptoms typical of transient ischemic attacks may indicate reasonableness and necessity, especially when other more common sources (e.g., postural hypotension or transiently decreased cardiac output as demonstrated by cardiac event monitoring) have been previously excluded.
3. Monitoring during carotid endarterectomy, cardiopulmonary bypass and other cerebrovascular and cardiovascular intervention and surgical procedures.
4. Evaluation of patients with dilated vasculopathies such as fusiform aneurysms.
5. Assessing auto-regulation, physiologic and pharmacological responses of cerebral

arteries.

6. Evaluating children with various vasculopathies such as sickle cell disease, moya-moya and neurofibromatosis.

7. As an aid to differentiate vertebrobasilar from carotid symptoms.

TCD studies (CPT Codes 93886 or 93888) may be necessary for:

1. Detection and evaluation of the hemodynamic effects of severe stenosis or occlusion of the extracranial (greater than or equal to 60% diameter reduction) and major basal intracranial arteries (greater than or equal to 50% diameter reduction).

2. Assessing patterns and extent of collateral circulation in patient with known region of severe stenosis or occlusion.

3. Detection and serial evaluation of cerebral vasospasm complicating subarachnoid hemorrhage.

4. Evaluation of invasive therapeutic interventions for cerebral malformations.

5. Evaluation of intracranial hemodynamic abnormalities in patients with suspected brain death.

6. Evaluation of cerebral embolization.

7. Detecting arteriovenous malformation and studying their supply arteries and flow pattern.

While TCD is indicated for the evaluation of intracranial hemodynamic abnormalities in patients with suspected brain death, it would be expected that CPT Code 95824 (EEG for cerebral death evaluation) will be primarily used in the diagnosis of brain death.

Indications **not** reasonable and necessary for TCD include:

1. Evaluation of brain tumors.

2. Assessment of familial and degenerative disease of the cerebrum, brainstem, cerebellum, basal ganglia and motor neurons.

3. Evaluation of infectious and inflammatory conditions.

4. Psychiatric disorder.

5. Epilepsy.

6. Routine evaluation of cerebrovascular symptoms and signs.

Noninvasive studies are reasonable and necessary only if the outcome will potentially impact the clinical course of the patient. For example, if a patient is (or is not) going to proceed on to other diagnostic and/or therapeutic procedures regardless of the outcome of the non-invasive vascular procedures, the studies are 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 non-invasive vascular studies are not medically necessary.

Recommendations For Follow-up Studies (CPT Codes 93875 through 93888):

1. Stenosis of 20-50% (diameter reduction), annual study.

2. Stenosis of 50-79% every six months.

3. Stenosis of 80-99% surgery is usually recommended.

4. After carotid endarterectomy, repeat examinations are allowed at six weeks, six months, 12 months and yearly thereafter. Post operatively follow-up studies should be unilateral unless signs and symptoms provide indications for a bilateral procedure.

The following are not acceptable methods for reimbursement: Thermography, mechanical oscillometry, inductance plethysmography, capacitance plethysmography, photoelectric plethysmography, pulse-delay oculoplethysmography, carotid phonoangiography and other forms of bruit analysis are included in the reimbursement for the office visit. Also, periorbital photoplethysmography and light reflection rheography are not covered services

because of lack of documentation in the current literature for reasonableness and necessity.

All other codes not listed in the "ICD-9-CM Codes That Support Medical Necessity" section will be denied without additional information to warrant reasonableness and necessity. Studies will be denied if they are determined to be screening studies, were duplicative of other vascular studies or were not needed to make management decisions.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x	Not Applicable
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Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes

93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY

ICD-9 Codes that Support Medical Necessity

These are the **only** covered ICD-9-CM Codes That Support Medical Necessity:

Group 1

Only **one** of the following diagnoses is required:

293.0	DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE
293.9	UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
334.3	OTHER CEREBELLAR ATAXIA
342.00	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.01	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.02	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.10	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.11	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.12	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.80	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.81	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.82	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.90	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.91	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.92	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
344.00	QUADRIPLEGIA UNSPECIFIED
344.01	QUADRIPLEGIA C1-C4 COMPLETE
344.02	QUADRIPLEGIA C1-C4 INCOMPLETE
344.03	QUADRIPLEGIA C5-C7 COMPLETE

344.04	QUADRIPLEGIA C5-C7 INCOMPLETE
344.09	OTHER QUADRIPLEGIA
344.1	PARAPLEGIA
344.2	DIPLEGIA OF UPPER LIMBS
344.30	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
344.31	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE
344.32	MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
344.40	MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
344.41	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE
344.42	MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SDE
344.5	UNSPECIFIED MONOPLÉGIA
344.81	LOCKED-IN STATE
344.89	OTHER SPECIFIED PARALYTIC SYNDROME
344.9	PARALYSIS UNSPECIFIED
346.01	MIGRAINE WITH AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
346.20	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
346.21	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
346.80	OTHER FORMS OF MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
346.81	OTHER FORMS OF MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
348.1	ANOXIC BRAIN DAMAGE
348.5	CEREBRAL EDEMA
348.89	OTHER CONDITIONS OF BRAIN
362.10	BACKGROUND RETINOPATHY UNSPECIFIED
362.11	HYPERTENSIVE RETINOPATHY

362.12	EXUDATIVE RETINOPATHY
362.13	CHANGES IN VASCULAR APPEARANCE OF RETINA
362.14	RETINAL MICROANEURYSMS NOS
362.15	RETINAL TELANGIECTASIA
362.16	RETINAL NEOVASCULARIZATION NOS
362.17	OTHER INTRARETINAL MICROVASCULAR ABNORMALITIES
362.18	RETINAL VASCULITIS
362.30	RETINAL VASCULAR OCCLUSION UNSPECIFIED
362.31	CENTRAL RETINAL ARTERY OCCLUSION
362.32	RETINAL ARTERIAL BRANCH OCCLUSION
362.33	PARTIAL RETINAL ARTERIAL OCCLUSION
362.34	TRANSIENT RETINAL ARTERIAL OCCLUSION
362.35	CENTRAL RETINAL VEIN OCCLUSION
362.36	VENOUS TRIBUTARY (BRANCH) OCCLUSION OF RETINA
362.37	VENOUS ENGORGEMENT OF RETINA
362.84	RETINAL ISCHEMIA
368.00	AMBLYOPIA UNSPECIFIED
368.01	STRABISMIC AMBLYOPIA
368.02	DEPRIVATION AMBLYOPIA
368.03	REFRACTIVE AMBLYOPIA
368.10	SUBJECTIVE VISUAL DISTURBANCE UNSPECIFIED
368.11	SUDDEN VISUAL LOSS
368.12	TRANSIENT VISUAL LOSS
368.13	VISUAL DISCOMFORT
368.14	VISUAL DISTORTIONS OF SHAPE AND SIZE
368.15	OTHER VISUAL DISTORTIONS AND ENTOPTIC PHENOMENA
368.16	PSYCHOPHYSICAL VISUAL DISTURBANCES

368.2	DIPLOPIA
368.30	BINOCULAR VISION DISORDER UNSPECIFIED
368.31	SUPPRESSION OF BINOCULAR VISION
368.32	SIMULTANEOUS VISUAL PERCEPTION WITHOUT FUSION
368.33	FUSION WITH DEFECTIVE STEREOPSIS
368.34	ABNORMAL RETINAL CORRESPONDENCE
368.40	VISUAL FIELD DEFECT UNSPECIFIED
368.41	SCOTOMA INVOLVING CENTRAL AREA
368.42	SCOTOMA OF BLIND SPOT AREA
368.43	SECTOR OR ARCUATE VISUAL FIELD DEFECTS
368.44	OTHER LOCALIZED VISUAL FIELD DEFECT
368.45	GENERALIZED VISUAL FIELD CONTRACTION OR CONSTRICTION
368.46	HOMONYMOUS BILATERAL FIELD DEFECTS
368.47	HETERONYMOUS BILATERAL FIELD DEFECTS
368.51	PROTAN DEFECT
368.52	DEUTAN DEFECT
368.53	TRITAN DEFECT
368.54	ACHROMATOPSIA
368.55	ACQUIRED COLOR VISION DEFICIENCIES
368.59	OTHER COLOR VISION DEFICIENCIES
368.60	NIGHT BLINDNESS UNSPECIFIED
368.61	CONGENITAL NIGHT BLINDNESS
368.62	ACQUIRED NIGHT BLINDNESS
368.63	ABNORMAL DARK ADAPTATION CURVE
368.69	OTHER NIGHT BLINDNESS
368.8	OTHER SPECIFIED VISUAL DISTURBANCES
368.9	UNSPECIFIED VISUAL DISTURBANCE

369.61	ONE EYE: TOTAL VISION IMPAIRMENT; OTHER EYE: NOT SPECIFIED
369.62	ONE EYE: TOTAL VISION IMPAIRMENT; OTHER EYE: NEAR-NORMAL VISION
369.63	ONE EYE: TOTAL VISION IMPAIRMENT; OTHER EYE: NORMAL VISION
369.64	ONE EYE: NEAR-TOTAL VISION IMPAIRMENT; OTHER EYE: VISION NOT SPECIFIED
369.65	ONE EYE: NEAR-TOTAL VISION IMPAIRMENT; OTHER EYE: NEAR-NORMAL VISION
369.66	ONE EYE: NEAR-TOTAL VISION IMPAIRMENT; OTHER EYE: NORMAL VISION
369.8	UNQUALIFIED VISUAL LOSS ONE EYE
369.9	UNSPECIFIED VISUAL LOSS
378.50	PARALYTIC STRABISMUS UNSPECIFIED
378.51	THIRD OR OCULOMOTOR NERVE PALSY PARTIAL
378.52	THIRD OR OCULOMOTOR NERVE PALSY TOTAL
378.53	FOURTH OR TROCHLEAR NERVE PALSY
378.54	SIXTH OR ABDUCENS NERVE PALSY
378.55	EXTERNAL OPHTHALMOPLEGIA
378.56	TOTAL OPHTHALMOPLEGIA
379.50	NYSTAGMUS UNSPECIFIED
379.52	LATENT NYSTAGMUS
379.53	VISUAL DEPRIVATION NYSTAGMUS
379.54	NYSTAGMUS ASSOCIATED WITH DISORDERS OF THE VESTIBULAR SYSTEM
379.55	DISSOCIATED NYSTAGMUS
379.56	OTHER FORMS OF NYSTAGMUS
379.57	DEFICIENCIES OF SACCADIC EYE MOVEMENTS
379.58	DEFICIENCIES OF SMOOTH PURSUIT MOVEMENTS
379.59	OTHER IRREGULARITIES OF EYE MOVEMENTS
386.2	VERTIGO OF CENTRAL ORIGIN

388.02	TRANSIENT ISCHEMIC DEAFNESS
388.31	SUBJECTIVE TINNITUS
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.8	OTHER SPECIFIED FORMS OF HEARING LOSS
430	SUBARACHNOID HEMORRHAGE
431	INTRACEREBRAL HEMORRHAGE
432.0	NONTRAUMATIC EXTRADURAL HEMORRHAGE
432.1	SUBDURAL HEMORRHAGE
432.9	UNSPECIFIED INTRACRANIAL HEMORRHAGE
433.00	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION
433.01	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFARCTION
433.10	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION
433.11	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFARCTION
433.20	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITHOUT CEREBRAL INFARCTION
433.21	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFARCTION
433.30	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITHOUT CEREBRAL INFARCTION
433.31	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITH CEREBRAL INFARCTION
433.80	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION

433.81	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION
433.90	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION
433.91	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION
434.00	CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION
434.01	CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION
434.10	CEREBRAL EMBOLISM WITHOUT CEREBRAL INFARCTION
434.11	CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION
434.90	CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITHOUT CEREBRAL INFARCTION
434.91	CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRAL INFARCTION
435.0	BASILAR ARTERY SYNDROME
435.1	VERTEBRAL ARTERY SYNDROME
435.2	SUBCLAVIAN STEAL SYNDROME
435.3	VERTEBROBASILAR ARTERY SYNDROME
435.8	OTHER SPECIFIED TRANSIENT CEREBRAL ISCHEMIAS
435.9	UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA
436	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE
437.0	CEREBRAL ATHEROSCLEROSIS
437.1	OTHER GENERALIZED ISCHEMIC CEREBROVASCULAR DISEASE
437.2	HYPERTENSIVE ENCEPHALOPATHY
437.3	CEREBRAL ANEURYSM NONRUPTURED
437.4	CEREBRAL ARTERITIS
437.5	MOYAMOYA DISEASE
437.6	NONPYOGENIC THROMBOSIS OF INTRACRANIAL VENOUS SINUS
437.7	TRANSIENT GLOBAL AMNESIA

437.8	OTHER ILL-DEFINED CEREBROVASCULAR DISEASE
437.9	UNSPECIFIED CEREBROVASCULAR DISEASE
438.0	COGNITIVE DEFICITS
438.10	SPEECH AND LANGUAGE DEFICIT UNSPECIFIED
438.11	APHASIA
438.12	DYSPHASIA
438.13	LATE EFFECTS OF CEREBROVASCULAR DISEASE, DYSARTHRIA
438.19	OTHER SPEECH AND LANGUAGE DEFICITS
438.20	HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
438.21	HEMIPLEGIA AFFECTING DOMINANT SIDE
438.22	HEMIPLEGIA AFFECTING NONDOMINANT SIDE
438.30	MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
438.31	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE
438.32	MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SIDE
438.40	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
438.41	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE
438.42	MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
438.50	OTHER PARALYTIC SYNDROME AFFECTING UNSPECIFIED SIDE
438.51	OTHER PARALYTIC SYNDROME AFFECTING DOMINANT SIDE
438.52	OTHER PARALYTIC SYNDROME AFFECTING NONDOMINANT SIDE
438.53	OTHER PARALYTIC SYNDROME BILATERAL
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438.7	DISTURBANCES OF VISION
438.81	APRAXIA CEREBROVASCULAR DISEASE
438.82	DYSPHAGIA CEREBROVASCULAR DISEASE
438.83	FACIAL WEAKNESS
438.84	ATAXIA

438.85	VERTIGO
438.89*	OTHER LATE EFFECTS OF CEREBROVASCULAR DISEASE
438.9	UNSPECIFIED LATE EFFECTS OF CEREBROVASCULAR DISEASE
442.81	ANEURYSM OF ARTERY OF NECK
442.82	ANEURYSM OF SUBCLAVIAN ARTERY
443.21	DISSECTION OF CAROTID ARTERY
443.24	DISSECTION OF VERTEBRAL ARTERY
446.0	POLYARTERITIS NODOSA
446.1	ACUTE FEBRILE MUCOCUTANEOUS LYMPH NODE SYNDROME (MCLS)
446.20	HYPERSENSITIVITY ANGIITIS UNSPECIFIED
446.21	GOODPASTURE'S SYNDROME
446.29	OTHER SPECIFIED HYPERSENSITIVITY ANGIITIS
446.3	LETHAL MIDLINE GRANULOMA
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780.02	TRANSIENT ALTERATION OF AWARENESS
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781.3	LACK OF COORDINATION
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782.0	DISTURBANCE OF SKIN SENSATION
784.2	SWELLING MASS OR LUMP IN HEAD AND NECK
784.3	APHASIA
784.40	VOICE AND RESONANCE DISORDER, UNSPECIFIED
784.51	DYSARTHRIA
784.52	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
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785.9	OTHER SYMPTOMS INVOLVING CARDIOVASCULAR SYSTEM
787.20*	DYSPHAGIA, UNSPECIFIED
787.21*	DYSPHAGIA, ORAL PHASE
787.22*	DYSPHAGIA, OROPHARYNGEAL PHASE
787.23*	DYSPHAGIA, PHARYNGEAL PHASE
787.24*	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE
787.29*	OTHER DYSPHAGIA
900.00	INJURY TO CAROTID ARTERY UNSPECIFIED
900.01	INJURY TO COMMON CAROTID ARTERY
900.02	INJURY TO EXTERNAL CAROTID ARTERY

900.03	INJURY TO INTERNAL CAROTID ARTERY
900.1	INJURY TO INTERNAL JUGULAR VEIN
900.81	INJURY TO EXTERNAL JUGULAR VEIN
900.82	INJURY TO MULTIPLE BLOOD VESSELS OF HEAD AND NECK
900.89	INJURY TO OTHER SPECIFIED BLOOD VESSELS OF HEAD AND NECK
900.9	INJURY TO UNSPECIFIED BLOOD VESSEL OF HEAD AND NECK
901.1	INJURY TO INNOMINATE AND SUBCLAVIAN ARTERIES
958.4	TRAUMATIC SHOCK
959.09	OTHER AND UNSPECIFIED INJURY TO FACE AND NECK
996.00	MECHANICAL COMPLICATIONS OF UNSPECIFIED CARDIAC DEVICE IMPLANT AND GRAFT
996.01	MECHANICAL COMPLICATION DUE TO CARDIAC PACEMAKER (ELECTRODE)
996.02	MECHANICAL COMPLICATION DUE TO HEART VALVE PROSTHESIS
996.1	MECHANICAL COMPLICATION OF OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.2	MECHANICAL COMPLICATION OF NERVOUS SYSTEM DEVICE IMPLANT AND GRAFT
996.52	MECHANICAL COMPLICATION OF PROSTHETIC GRAFT OF OTHER TISSUE NOT ELSEWHERE CLASSIFIED
996.59	MECHANICAL COMPLICATION OF OTHER IMPLANT AND INTERNAL DEVICE NOT ELSEWHERE CLASSIFIED
996.60	INFECTION AND INFLAMMATORY REACTION DUE TO UNSPECIFIED DEVICE IMPLANT AND GRAFT
996.61	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE IMPLANT AND GRAFT
996.62	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.63	INFECTION AND INFLAMMATORY REACTION DUE TO NERVOUS SYSTEM DEVICE IMPLANT AND GRAFT
996.64	INFECTION AND INFLAMMATORY REACTION DUE TO INDWELLING URINARY CATHETER
996.65	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER GENITOURINARY DEVICE IMPLANT AND GRAFT

996.66	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL JOINT PROSTHESIS
996.67	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE IMPLANT AND GRAFT
996.68	INFECTION AND INFLAMMATORY REACTION DUE TO PERITONEAL DIALYSIS CATHETER
996.69	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICE IMPLANT AND GRAFT
996.70	OTHER COMPLICATIONS DUE TO UNSPECIFIED DEVICE IMPLANT AND GRAFT
996.71	OTHER COMPLICATIONS DUE TO HEART VALVE PROSTHESIS
996.72	OTHER COMPLICATIONS DUE TO OTHER CARDIAC DEVICE IMPLANT AND GRAFT
996.73	OTHER COMPLICATIONS DUE TO RENAL DIALYSIS DEVICE IMPLANT AND GRAFT
996.74	OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.75	OTHER COMPLICATIONS DUE TO NERVOUS SYSTEM DEVICE IMPLANT AND GRAFT
996.76	OTHER COMPLICATIONS DUE TO GENITOURINARY DEVICE IMPLANT AND GRAFT
996.77	OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
996.78	OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE IMPLANT AND GRAFT
996.79	OTHER COMPLICATIONS DUE TO OTHER INTERNAL PROSTHETIC DEVICE IMPLANT AND GRAFT
997.00	NERVOUS SYSTEM COMPLICATION UNSPECIFIED
997.01	CENTRAL NERVOUS SYSTEM COMPLICATION
997.02	IATROGENIC CEREBROVASCULAR INFARCTION OR HEMORRHAGE
997.09	OTHER NERVOUS SYSTEM COMPLICATIONS
998.11	HEMORRHAGE COMPLICATING A PROCEDURE
998.12	HEMATOMA COMPLICATING A PROCEDURE
998.13	SEROMA COMPLICATING A PROCEDURE

998.2	ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED
998.30	DISRUPTION OF WOUND, UNSPECIFIED
998.31	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND
998.32	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND
998.33	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR
998.4	FOREIGN BODY ACCIDENTALLY LEFT DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED
998.51	INFECTED POSTOPERATIVE SEROMA
998.59	OTHER POSTOPERATIVE INFECTION
998.6	PERSISTENT POSTOPERATIVE FISTULA NOT ELSEWHERE CLASSIFIED
998.7	ACUTE REACTION TO FOREIGN SUBSTANCE ACCIDENTALLY LEFT DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED
998.81	EMPHYSEMA (SUBCUTANEOUS) (SURGICAL) RESULTING FROM PROCEDURE
998.82	CATARACT FRAGMENTS IN EYE FOLLOWING CATARACT SURGERY
998.83	NON-HEALING SURGICAL WOUND
998.89	OTHER SPECIFIED COMPLICATIONS OF PROCEDURES NOT ELSEWHERE CLASSIFIED
998.9	UNSPECIFIED COMPLICATION OF PROCEDURE NOT ELSEWHERE CLASSIFIED
V12.54*	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS
V58.73	AFTERCARE FOLLOWING SURGERY OF THE CIRCULATORY SYSTEM NOT ELSEWHERE CLASSIFIED
V67.00	FOLLOW-UP EXAMINATION FOLLOWING UNSPECIFIED SURGERY
* 780.4 While ICD-9-CM 780.4 is listed as a covered diagnosis code, it is important to note that dizziness and giddiness alone are not usual indications unless associated with other localizing signs and symptoms.	

Group 2

Two diagnoses are required:

Either

V72.81 or V72.83

Plus one of the following diagnoses:

410.00*	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.01*	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL INITIAL EPISODE OF CARE
410.02*	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.10*	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.11*	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL INITIAL EPISODE OF CARE
410.12*	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.20*	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.21*	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL INITIAL EPISODE OF CARE
410.22*	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.30*	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.31*	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL INITIAL EPISODE OF CARE
410.32*	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.40*	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL EPISODE OF CARE UNSPECIFIED
410.41*	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL INITIAL EPISODE OF CARE
410.42*	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL SUBSEQUENT EPISODE OF CARE
410.50*	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL EPISODE OF CARE UNSPECIFIED
410.51*	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL INITIAL EPISODE OF CARE
410.52*	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL SUBSEQUENT EPISODE OF CARE

410.60*	TRUE POSTERIOR WALL INFARCTION EPISODE OF CARE UNSPECIFIED
410.61*	TRUE POSTERIOR WALL INFARCTION INITIAL EPISODE OF CARE
410.62*	TRUE POSTERIOR WALL INFARCTION SUBSEQUENT EPISODE OF CARE
410.70*	SUBENDOCARDIAL INFARCTION EPISODE OF CARE UNSPECIFIED
410.71*	SUBENDOCARDIAL INFARCTION INITIAL EPISODE OF CARE
410.72*	SUBENDOCARDIAL INFARCTION SUBSEQUENT EPISODE OF CARE
410.80*	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES EPISODE OF CARE UNSPECIFIED
410.81*	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES INITIAL EPISODE OF CARE
410.82*	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES SUBSEQUENT EPISODE OF CARE
410.90*	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE EPISODE OF CARE UNSPECIFIED
410.91*	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE INITIAL EPISODE OF CARE
410.92*	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.0*	POSTMYOCARDIAL INFARCTION SYNDROME
411.1*	INTERMEDIATE CORONARY SYNDROME
411.81*	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
411.89*	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER
412*	OLD MYOCARDIAL INFARCTION
413.0*	ANGINA DECUBITUS
413.1*	PRINZMETAL ANGINA
413.9*	OTHER AND UNSPECIFIED ANGINA PECTORIS
414.00*	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT
414.01*	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
414.02*	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT

414.03*	CORONARY ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT
414.04*	CORONARY ATHEROSCLEROSIS OF ARTERY BYPASS GRAFT
414.05*	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT
414.06*	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART
414.07*	CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART
414.10*	ANEURYSM OF HEART (WALL)
414.11*	ANEURYSM OF CORONARY VESSELS
414.12*	DISSECTION OF CORONARY ARTERY
414.19*	OTHER ANEURYSM OF HEART
414.2*	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY
414.3*	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
414.8*	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE
414.9*	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED
440.0*	ATHEROSCLEROSIS OF AORTA
440.1*	ATHEROSCLEROSIS OF RENAL ARTERY
440.20*	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES UNSPECIFIED
440.21*	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH INTERMITTENT CLAUDICATION
440.22*	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH REST PAIN
440.23*	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH ULCERATION
440.24*	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH GANGRENE
440.29*	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES
440.30*	ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT OF THE EXTREMITIES

440.31*	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT OF THE EXTREMITIES
440.32*	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT OF THE EXTREMITIES
440.4*	CHRONIC TOTAL OCCLUSION OF ARTERY OF THE EXTREMITIES
V72.81*	PRE-OPERATIVE CARDIOVASCULAR EXAMINATION
V72.83*	OTHER SPECIFIED PRE-OPERATIVE EXAMINATION
<p>*Note: Two ICD-9-CM Codes are required for payment. Either V72.81 or V72.83 plus any of 410.00-414.9, 440.0, 440.1, 440.20-440.24, 440.29-440.32, 440.2.</p>	

Diagnoses that Support Medical Necessity

All diagnoses listed in ICD-9-CM Codes That Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity

All diagnoses **not** listed in ICD-9-CM Codes That Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses **not** listed in ICD-9-CM Codes That Support Medical Necessity above.

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General Information

Documentations Requirements

The provider must ensure documentation showing reasonableness and necessity of the procedures are kept on file and made available upon request by the Medicare carrier.

When using syncope as an indication, it is necessary to document that other more common causes have been ruled out.

The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the study. It is recommended that noninvasive vascular 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. Noninvasive vascular studies done in an IDTF facility or vascular laboratory are subject to the rules and regulations governing the facility.

This A/B MAC is not a credentialing body; therefore, this LCD will recommend certification, but not recommend certifying bodies.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

1. Drader KS, Herrick IA. Carotid Endarterectomy: Monitoring and Its Effect on Outcome. *Anesthesiology Clinics of North America*. Sep 1997;15(3):613-29.
2. Endarterectomy for Asymptomatic Carotid Artery Stenosis. Executive Committee for the Asymptomatic Carotid Atherosclerosis Study. *JAMA*. May 1995;273(18):1421-8.
3. *ICAVL Essentials and Standards for Accreditation in Noninvasive Vascular Testing*; Part II, Vascular Laboratory Operations, Cerebrovascular Testing. 1997.
4. *Illustrated Guide to Diagnostic Tests*. 2nd ed. Springhouse Corporation. 1998:779-84,921-28.
5. Carrier Medical Directors and Consultants

NOTE: Some of the websites used to create this policy may no longer be available.

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community.

Contractor Advisory Committee meeting dates:

California -
Hawaii -
Nevada -

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

06/16/2008

Revision History Number

Revision #9

Revision History Explanation

Revision #9, effective for dates of service on or after 01/01/2012
Revision made: CPT/HCPCS Codes removed invalid CPT code 93875. This revision is the result of the 2012 Annual CPT/HCPCS Update.

Revision #8, effective for dates of service on or after 10/01/2011
Revisions made: Under ICD-9 Codes that Support Medical Necessity deleted 998.0. The descriptors for 346.01, 346.21 & 346.81 were revised. This LCD is being revised due to the annual FY 2012 ICD-9-CM code update.

Revision #7, effective for dates of service on or after 10/01/2010

Revision made: Under ICD-9 codes that Support Medical Necessity the following ICD-9 code was added to this LCD: 784.52. This change was the result of Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) CR 7006, Transmittal 2017.

Revision #6, effective for dates of service on or after 6/24/2010

Revision made: Under Sources of Information and Basis for Decision authors names Drader KS, and Herrick IA. were added to the article "Carotid Endarterectomy: Monitoring and Its Effect on Outcome." Added the complete title to the Endarterectomy for Asymptomatic Carotid Artery Stenosis. Executive Committee for the Asymptomatic Carotid Atherosclerosis Study and the Month it was published in JAMA May 1995. Removed two citations as these were unable to be located Non-Invasive Vascular Diagnostic Studies, Physician's Procedural Terminology. American Medical Association, 1999:368 and TCD During Carotid Endarterectomy, as the website was no longer valid.

Revision #5 effective for dates of service on or after 10/01/2009.

Revisions made: Under "ICD-9 Codes that Support Medical Necessity", the following ICD-9 codes were added to support the medical necessity for CPT codes 93875, 93880, 93882, 93886 and 93888: 348.8 was expanded and only 348.89 was added, 438.13, 784.5 was expanded to 784.51 and 784.59. ICD-9 code 784.40 descriptor was revised. These changes are per CMS Manual System, Publication 100-04, Medicare Claims Processing, Chapter 23, §10.2; CR 6520, Transmittal 1770, dated July 10, 2009; Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

Revision #4, effective for dates of service on or after 07/09/2009

Revisions made: Under "CMS Coverage Policy" added reference Pub. 100-02, *Medicare Benefit Policy Manual* Chapter 15, §60.4.1. Under Sources of Information and Basis for Decision removed extended page numbers under *JAMA* citation and *Illustrated Guide to Diagnostic Tests* citation.

Revision #3, 02/26/2009

This LCD is being revised to implement the streamlining of the Part B LCDs per the published article "Palmetto Team to Streamline Part B LCDs in Jurisdiction 1 (J1)." This article can be viewed at www.PalmettoGBA.com by searching for the above article name. This revision will become effective on 02/26/2009.

Revision #2, 10/01/2008

This LCD is being revised due to the annual FY 2009 ICD-9-CM code update. Under CMS National Coverage Policy deleted verbiage. Under ICD-9 Codes That Support Medical Necessity-Group 1 added ICD-9 codes 998.30 and 998.33. The verbiage was revised for ICD-9 codes 346.01, 346.20, 346.21, 346.80, and 346.81 under Group 1. Added ICD-9 code 414.3 under ICD-9 Codes That Support Medical Necessity- Group 2. The paragraphs regarding the 2008 ICD-9-CM updates were removed due to completion of those updates. Under Documentation Requirements removed duplicative SSA citation. Under Sources of Information and Basis for Decision the references were placed in the AMA citation format. This revision becomes effective 10/01/2008.

Revision #1, 09/02/2008

This LCD is being revised to add Bill Type 999X because the automated system transcription process was incomplete.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.

11/21/2011 - The following CPT/HCPCS codes were deleted:
93875 was deleted from Group 1

Reason for Change

Maintenance (annual review with new changes, formatting, etc.)
Other

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 04/13/2012 with effective dates 01/01/2012 - N/A

Updated on 11/23/2011 with effective dates 01/01/2012 - N/A

Updated on 09/14/2011 with effective dates 10/01/2011 - 12/31/2011

Updated on 06/16/2011 with effective dates 10/01/2010 - 09/30/2011

Updated on 09/10/2010 with effective dates 10/01/2010 - N/A

Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them.

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