

Cardiovascular Diagnostic and Therapeutic Procedures

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 [Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Electrocardiographic Services	1
• Cardiac Computed Tomography and Coronary Computed Tomography Angiography	1
• Computerized Tomography	1
• Arterial Compliance Testing, Using Waveform Analysis	2
• Lower Extremity Stenting, Atherectomy and/or Angioplasty	2
• Catheter Ablation	2
• Extremity Non Invasive Vascular Duplex Scanning	2
Supporting Information	3
Policy History/Revision Information	4
Instructions for Use	4

Related Medicare Advantage Policy Guidelines

- [Biomarkers in Cardiovascular Risk Assessment](#)
- [Long-Term Wearable Electrocardiographic Monitoring](#)
- [Percutaneous Coronary Interventions](#)

Coverage Guidelines

Cardiovascular diagnostic and therapeutic procedures are covered when Medicare coverage criteria are met.

Electrocardiographic (EKG) Services

EKG services, including electrocardiogram ambulatory electrocardiography (AECG) (Holter monitor or real-time EKG), cardiac event monitor or event recorders are covered when specific criteria are met. Refer to the [NCD for Electrocardiographic Services \(20.15\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>.

Note: Where the NCD or LCDs/LCAs is unclear or silent on coverage criteria for implantable loop recorders (CPT code 33285 and HCPCS code E0616), refer to the UnitedHealthcare Commercial Medical Policy titled [Cardiac Event Monitoring](#) for clinical coverage guidance.

(Accessed January 8, 2024)

Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)

Refer to the Coverage Summary for [Radiologic Diagnostic Procedures](#).

Computerized Tomography (CT Scan)

Refer to the Coverage Summary for [Radiologic Diagnostic Procedures](#).

Arterial Compliance Testing, Using Waveform Analysis (CPT Code 93050)

Medicare does not have a National Coverage Determination (NCD) for arterial compliance testing, using waveform analysis. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cardiovascular Disease Risk Tests](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 8, 2024)

Lower Extremity Stenting, Atherectomy, and/or Angioplasty (CPT Codes 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, and 37231)

Medicare does not have a National Coverage Determination (NCD) for lower extremity endovascular interventions. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Lower Extremity Endovascular Interventions](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Lower Extremity Endovascular Procedures](#).

Note: After checking the [Lower Extremity Endovascular Interventions](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 8, 2024)

Catheter Ablation

Treatment of Atrial Fibrillation (CPT Codes 93653 and 93656)

Medicare does not have a National Coverage Determination (NCD) for catheter ablation for treatment of atrial fibrillation. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Catheter Ablation for Atrial Fibrillation](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 8, 2024)

Extremity Non-Invasive Vascular Duplex Scanning (CPT Codes 93925 and 93926)

Medicare does not have a National Coverage Determination (NCD) for extremity non-invasive vascular duplex scanning. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Extremity Non-Invasive Vascular Duplex Scanning](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular.

Click [here](#) to view the InterQual® criteria.

Note: After checking the [Extremity Non-Invasive Vascular Duplex Scanning](#) and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Peripheral Vascular Angiography (CPT Codes 75710 and 75716)

Medicare does not have a National Coverage Determination (NCD) for peripheral vascular angiography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Abdomen and Pelvis Angiography (CPT Codes 93976, 93978, and 93979)

Medicare does not have a National Coverage Determination (NCD) for peripheral vascular angiography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Abdomen and Pelvis.

Click [here](#) to view the InterQual® criteria.

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Extremity Non-Invasive Vascular Duplex Scanning

Accessed January 8, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33667 (A57064)	Duplex Scan Of Lower Extremity Arteries	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35761 (A57593)	Non-Invasive Peripheral Arterial Vascular Studies	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
L34045 (A56697)	Non-Invasive Vascular Studies	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33627 (A56758)	Non-Invasive Vascular Studies	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
Back to Guidelines				

Lower Extremity Endovascular Interventions

Accessed September 13, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35998 (A57590)	Non-Coronary Vascular Stents	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Policy History/Revision Information

Date	Summary of Changes
01/10/2024	<p>Coverage Guidelines</p> <p><i>Extremity Non-Invasive Vascular Duplex Scanning (CPT Codes 93925 and 93926) (new to policy)</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Medicare does not have a National Coverage Determination (NCD) for extremity non-invasive vascular duplex scanningLocal Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy]For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular <p><i>Peripheral Vascular Angiography (CPT Codes 75710 and 75716) (new to policy)</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Medicare does not have a NCD for peripheral vascular angiographyLCDs/LCAs exist and compliance with these policies is required where applicable; these LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/search.aspxFor coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Peripheral Vascular <p><i>Abdomen and Pelvis Angiography (CPT Codes 93976, 93978, and 93979) (new to policy)</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Medicare does not have a NCD for peripheral vascular angiographyLCDs/LCAs exist and compliance with these policies is required where applicable; these LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/search.aspxFor coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Imaging, Imaging, Abdomen and Pelvis <p>Supporting Information</p> <ul style="list-style-type: none">Updated list of available LCDs/LCAs to reflect the most current informationArchived previous policy version MCS013.09

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical

literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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