

# Noninvasive Tests of Carotid Function (NCD 20.17)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries
• <a href="#">Cardiovascular Diagnostic Procedures</a>
• <a href="#">Carotid Procedures and Testing</a>

## Policy Summary

[↪ See Purpose](#)

### Overview

Noninvasive tests of carotid function aid physicians in studying and diagnosing carotid disease. There are varieties of these tests which measure various physiological and anatomical aspects of carotid function, including pressure (systolic, diastolic, and pulse), turbulence, flow, and collateral circulation.

It is useful to classify noninvasive tests of carotid function into direct and indirect tests. The direct tests examine the anatomy and physiology of the carotid artery, while the indirect tests examine hemodynamic changes in the distal beds of the carotid artery (the orbital and cerebral circulations).

### Guidelines

It is important to note that the names of these tests are not standardized. Following are some of the tests, this list is not inclusive and that local medical consultants should make determinations:

#### *Direct Tests*

- Carotid Phonoangiography
- Ultrasound Imaging including Real Time
- B-Scan and Doppler Devices
- Spectral Bruit Analysis
- Direct Bruit Analysis
- Doppler Flow Velocity

#### *Indirect Tests*

- Periorbital Directional Doppler Ultrasonography
- Ophthalmodynamometry
- Oculoplethysmography

#### *Nationally Non-Covered Indications:*

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or

services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92260	Ophthalmodynamometry
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
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection

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Modifier	Description
50	Bilateral Procedure
52	Reduced Services

### Non-Covered Diagnosis Code

#### [Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

## References

### CMS National Coverage Determinations (NCDs)

[NCD 20.17 Noninvasive Tests of Carotid Function](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34045 Non-Invasive Vascular Studies</a>	<a href="#">A56697 Billing and Coding: Non-Invasive Vascular Studies</a>	CGS	KY, OH	KY, OH
<a href="#">L33627 Non-Invasive Vascular Studies</a>	<a href="#">A56758 Billing and Coding: Non-Invasive Vascular Studies</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33695 Non-invasive Extracranial Arterial Studies</a>	<a href="#">A57670 Billing and Coding: Non-invasive Extracranial Arterial Studies</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L35753 Non-Invasive Cerebrovascular Studies</a>	<a href="#">A57592 Billing and Coding: Non-Invasive Cerebrovascular Studies</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
<a href="#">L35397 Non-Invasive Cerebrovascular Arterial Studies)</a>	<a href="#">A52992 Billing and Coding: Non-Invasive Cerebrovascular Arterial Studies</a>	Novitas	AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX	AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX
<a href="#">L33977 Transcranial Doppler Studies</a>	<a href="#">A57493 Transcranial doppler studies revision to the Part B LCD</a>	First Coast		FL, PR, VI
	<a href="#">A57633 Billing and Coding: Transcranial Doppler Studies</a>			
L34221 Noninvasive Cerebrovascular Studies Retired 05/11/2020	A57199 Billing and Coding: Noninvasive Cerebrovascular Studies Retired 05/11/2020	Noridian		AS, CA, GU, HI, MP, NV

## CMS Benefit Policy Manual

[Chapter 15: § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

## MLN Matters

[Article MM10901, Local Coverage Determinations \(LCDs\)](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
06/10/2020	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG218.05</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).