

LOWER EXTREMITY VASCULAR ANGIOGRAPHY

Policy Number: RADIOLOGY 040.2 T2

Effective Date: April 1, 2020

[Instructions for Use](#) ⓘ

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Related Policies

None

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership excluding New Jersey Small Group plans.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ¹
Precertification with Medical Director Review Required	Yes ¹
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office ¹
Special Considerations	¹ Participating Providers in the Office Setting: Precertification is required for services performed in the office of a participating provider. Non-Participating/Out-of-Network Providers in the Office Setting: Precertification is not required, but is encouraged for out-of-network services performed in the office. If precertification is not obtained, Oxford will review for out-of-network benefits and medical necessity after the service is rendered.

COVERAGE RATIONALE

Lower extremity vascular angiography is proven and medically necessary for evaluating arterial disease of the lower extremity.

For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, 24th edition, 2020, Lower Extremity Angiography, ACG: A-0002 (AC).

Click [here](#) to view the MCG™ Care Guidelines.

Note: This policy does not apply to upper extremities.

DOCUMENTATION REQUIREMENTS

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information

Lower Extremity Vascular Angiography

Medical notes documenting **all** of the following:

- Documentation of the signs and symptoms of arterial disease
- **One** of the following:
 - *Unilateral*: Results of Ankle Brachial Index (ABI)
 - *Bilateral*: Results of Ankle Brachial Index (ABI), include and label results on each limb
- Results of all imaging (CT, MRA, Doppler Ultrasound)
- Documentation of functional Impairment(s) include a list of Activity of Daily Living (ADLs) impaired
- Documentation of previous vascular problem or surgery, include the location of the problem/surgery
- Physician treatment plan

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 policy 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 may apply.

CPT Code	Description
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation

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REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [2020T0602B]

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2020	<p>Coverage Rationale</p> <ul style="list-style-type: none">• Replaced reference to "MCG™ Care Guidelines, 23rd edition, 2019" with "MCG™ Care Guidelines, 24th edition, 2020"; refer to the 24th edition for complete details on applicable updates to the MCG™ Care Guidelines <p>Supporting Information</p> <ul style="list-style-type: none">• Archived previous policy version RADIOLOGY 040.1 T2

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.