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Submitted electronically: ngscmd@anthem.com and CMS_caginquiries@cms.hhs.gov

RE: Code Changes to Local Coverage Article A56758: Non-Invasive Vascular Studies

Dear Dr. Cunningham and Dr. Haug:

The American College of Radiology (ACR), representing nearly 40,000 diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists, requests International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code changes to the Local Coverage Article: Billing and Coding: Non-Invasive Vascular Studies (A56758). Providers in your jurisdiction are experiencing claim denials for CPT code 93970 as it relates to treating patients with COVID 19. Currently, CPT code 93970, *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* is covered for shortness of breath where COVID- 19 may start, however, it is not covered for respiratory failure or respiratory distress which is where COVID-19 progresses to. We request additional codes for abnormal coagulation, elevated d-dimer, acute and chronic respiratory failure diagnosis codes to be added to the current list of covered codes. Although this change can be managed by local Medicare Administrative Contractors it has national implications.

RELATED CODE	CODE	CODE DESCRIPTION	NOTES
R06.02 SHORTNESS OF BREATHE	J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	a diagnosis which shortness of breath may progress to
R06.02 SHORTNESS OF BREATHE	J96.01	Acute respiratory failure with hypoxia	a diagnosis which shortness of breath may progress to
R06.02 SHORTNESS OF BREATHE	J96.02	Acute respiratory failure with hypercapnia	a diagnosis which shortness of breath may progress to

N/A	R79.89	Other specified abnormal findings of blood chemistry	diagnosis codes which may indicate clots
N/A	U07.1	COVID-19	diagnosis codes which may indicate clots
	Z20.828 ¹	Contact with and (suspected) exposure to other viral communicable diseases.	ICD-10-CM code that CDC recommends for patients under investigation/suspected COVID-19.
	See attached list of additional codes for inclusion		ACR recommends additional codes

Physicians from Weill Cornell Medicine recently sent a request to the Center for Medicare & Medicaid Services Coverage and Analysis Group outlining the etiology of this disease and the use of CPT code 93970. Updates to the coding and billing article are needed to be sure patients with COVID-19 are handled appropriately. Recently, a connection between COVID-19 and blood clots has come to light.² Many of the cases have surpassed the stage for shortness of breath and already are in respiratory failure/distress syndrome by the time that they present to the hospital/time of the duplex examination. These patients are almost always sedated and on vents and some even paralyzed and not able to express that they are experiencing what would be normal signs of clots including leg pain or chest pain.

In addition to Acute Respiratory Distress Syndrome (ARDS), many of the patients' lab results come back with high d-Dimers which are the proteins left after the body breaks up blood clots. If we are not able to look for these clots they pose a life-threatening situation for the patients and can cause strokes heart attacks and other serious complications. There is increasing evidence in the literature that COVID-19 affects the vasculature of the lungs and other organs, and has a high thrombosis risk with subsequent acute life-threatening events.³ This effect is so pronounced that low dose anti-coagulation is routinely being given to all hospitalized COVID-19 patients in many centers. Imaging, however, is important as it informs additional treatment decisions. If a deep venous thrombous (or pulmonary embolus) is found, then full anticoagulation will be started. The decision to give full anticoagulation can be life-saving, but should not

¹ ICD-10-CM Official Coding and Reporting Guidelines for COVID-19 Infections. (2020, April 1). Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

² Eunjung Cha, A. (2020, April 22). *A mysterious blood-clotting complication is killing coronavirus patients*. Washington Post. Retrieved from <https://www.washingtonpost.com/health/2020/04/22/coronavirus-blood-clots/>.

³ Radiological Society of North America. (2020, April 23). *New research highlights blood clot dangers of COVID-19*. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2020/04/200423143100.htm.

be made without positive imaging, because of the risk of bleeding into the already inflamed lungs and other organs affected by COVID-19.

At this time the LCD L33627 associated with the billing and coding article referenced will not require updates as the indications for venous examinations including Deep Vein Thrombosis (DVT) explicitly states“Clinical signs and/or symptoms of pulmonary embolus (PE) including, but not limited to, hemoptysis, chest pain, and/or dyspnea;”.

The ACR appreciates the opportunity to request the National Government Services and the CMS Coverage & Analysis Group update coding guidance for the treatment of patients with COVID 19. We believe these updates will allow providers to effectively treat patients with COVID 19 promptly. Thank you for your consideration. If you have any questions or would like further information, please contact Alicia Blakey at (703) 648-8900, ext. 4923 or email ablakey@acr.org.

Respectfully submitted,



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Enclosures

CPT 93970, 93971 Group 4
Additional Codes Requested

CODE	CODE DESCRIPTION
R79.1	Abnormal coagulation profile
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute and chronic respiratory failure with hypercapnia
J96.9	Respiratory failure, unspecified
R79.89	Other specified abnormal findings of blood chemistry
U07.1	COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases.