

## Health Plan inquiries regarding coverage of Noninvasive Vascular Testing

Because relationships between commercial health plans and providers are governed by private contracts, most payers will not reveal rate or policy information to anyone but the provider. Providers or their staff may call the provider services departments of health plans to make inquiries. The following are some key questions to help assess insurer payment policies for Noninvasive Vascular Studies. It is suggested that providers keep the completed form on file for future reference.

Have NPI number, and any plan specific provider ID number available. Some payers may also need a patient ID to determine the correct plan.

Name of Payer/Plan: \_\_\_\_\_ Date of call: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Call ID number: \_\_\_\_\_

Q: What is my rate with your plan for the following CPT<sup>®</sup> codes?

Note: not all PADnet users will perform all four tests:

CPT <sup>®</sup> Code	Global reimbursement rate	Rate with Modifier <i>-TC if performing test; -26 if interpreting test</i>
93922 – non-invasive studies of upper or lower extremity arteries, one or two levels		
93923 – non-invasive studies of upper or lower extremity arteries, three or more levels		
93924 – Non-invasive physiological studies of lower extremity arteries, at rest and following treadmill testing		
93965 – Non-invasive physiological studies of extremity veins complete bilateral		

Q: Is my provider type/specialty (e.g. MD, DO, DPM, Primary Care, Internist, Cardiologist etc) able to order, perform, and submit claims for these tests under this plan?

Note: particularly for Podiatric providers, if 93923 is not allowed, the limited 93922 study sometimes is.

Q: Will your claims system recognize the -TC (or -26) modifier for the above claims if these claims come from my provider type/specialty, in Place of Service “office” (POS 11)?

Q: What are the medical necessity criteria for non-invasive vascular tests?

Q: Do these tests require prior-authorization or referral?

Q: If this health plan utilizes an imaging management program, will primary care providers be allowed to order and perform these tests?