CMS Payment Policies

To date, IAC is aware of the following states that have adopted CMS reimbursement directives. There are several states in which the Medicare carrier requires or recommends either accreditation of the facility and/or staff credentialing, for reimbursement of vascular testing studies.

While IAC attempts to stay abreast of reimbursement policies mandated by CMS as a service to the vascular testing community, these policies are changed and updated regularly by the insurance carriers. Therefore, IAC recommends that applicant facilities contact the insurance carriers in their area for the most accurate and current information to ensure compliance with reimbursement requirements at all times. Further questions about IAC accreditation as related to reimbursement may be directed to the IAC via e-mail.

PLEASE NOTE: The policy details within this document detailing accreditation requirements are only a portion of the full reimbursement directive, please search for the full policy on the CMS or your jurisdiction’s appropriate AB MAC website. Don’t know your jurisdiction or contractor? Search on the CMS website here.
Medicare Payment Policies

Medicare communicates vascular testing payment policy primarily through contractor-specific Local Coverage Determinations (LCDs). **Select your state’s contractor below to view the applicable LCDs:**

- **Cahaba GBA** (Alabama, Georgia, Tennessee)
- **CGS Medicare** (Kentucky, Ohio)
- **First Coast Service Options** (Florida, Puerto Rico, U.S. Virgin Islands)
- **National Government Services** (Connecticut, Illinois, Maine, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, Vermont, Wisconsin)
- **Noridian Healthcare Solutions - Jurisdiction E** (American Samoa, California, Guam, Hawaii, Nevada, North Mariana Islands)
- **Novitas Solutions** (Arkansas, Colorado, Delaware, District of Columbia, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania)
- **Palmetto GBA** (North Carolina, South Carolina, Virginia, West Virginia)
- **WPS Medicare** (Indiana, Iowa, Kansas, Michigan, Missouri, Nebraska + National Providers)

**PLEASE NOTE:** The policy details displayed on the IAC website detailing accreditation requirements are only a portion of the full reimbursement directive, please review the full policy on the CMS website to ensure you are in compliance with the complete policy.

To find a payment policy, go to [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database) and follow these instructions:

1. Click on **Advanced Search**
2. Under **Search by Document Type**, check Local Coverage Documents
3. Under **What documents types do you want to search for?** Check All Policies (LCD) and then Final Policies
4. Select Geographic Area (State) AND/OR Contractor Criteria
5. Type the testing area you are searching for (i.e., vascular testing) or the LCD ID # into **Enter Keyword(s)** box and choose **Entire Document**
6. Click **Search By Type** box
7. A page will appear asking you to accept the Terms & Conditions, **Click Agree**
8. A new page will open with your search results
Please note: These policies are changed and updated regularly by the insurance carriers and list requirements as related to IAC accreditation only. Therefore, the IAC recommends that applicant facilities contact the insurance carriers in their area for the most accurate and current information to ensure compliance with reimbursement requirements at all times.

Cahaba GBA
Part A & B MAC
Jurisdiction J: Alabama, Georgia, Tennessee
www.cahabagba.com

**LCD Title:** Medicine: Noninvasive Peripheral Arterial and Venous Studies  
**LCD ID #:** L34267  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 1/3/2017

**Limitations**

1. Routine monitoring of a patient’s vascular access/system/device/bypass graft/angioplasty or stenting/etc. is not covered.

2. The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and interpreting physician. Noninvasive vascular diagnostic studies must be either:
   
   A. Performed by a technologist who has demonstrated competency in ultrasound by receiving one of the following credentials in vascular ultrasound technology:
      
      i. Registered Vascular Specialist (RVS) or Registered Phlebology Sonographer (RPhS) provided by Cardiovascular Credentialing International (CCI),
      ii. Registered Vascular Technologist (RVT) provided by the American Registry of Diagnostic Medical Sonographers (ARDMS),
      iii. Vascular Sonographer (VS) provided by the American Registry of Radiologic Technologists (ARRT), Sonography (ARRT)(S), or
   
   B. Performed by or under the personal supervision of a physician who has demonstrated documented training through recent residency training or post-graduate Continuing Medical Education (CME) and maintains that documentation for medical review, or
   
   C. Performed in facilities with laboratories accredited in vascular technology by one of the following nationally recognized accreditation organizations:
      
      i. American College of Radiology (ACR) Vascular Ultrasound Accreditation Program.
      ii. **Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL).**

3. Transcutaneous oxygen tension measurement, when done as part of 93922 or 93923, should be performed by individuals possessing the following credentials obtained from the National Board of Diving and Hyperbaric Medicine Technology (NBDHMT):
   
   A. Certified Hyperbaric Technologist (CHT).
   B. Certified Hyperbaric Registered Nurse (CHRN).

4. Ankle brachial index (ABI) and transcutaneous oxygen tension measurements should not be separately billed.

5. G0365 (Vessel mapping of vessels for hemodialysis access) and 93990 (Duplex scan of hemodialysis access) include both arterial and venous studies. If only one or the other is done, the service should be billed with modifier 52.

6. Fully automated arterial and/or venous testing with automated interpretation results does not meet the descriptions of the CPT codes for the procedures addressed in this LCD. This service would be considered part of the Evaluation and Management (E&M) service and not separately payable.
Please Note: These policies are changed and updated regularly by the insurance carriers and list requirements as related to IAC accreditation only. Therefore, the IAC recommends that applicant facilities contact the insurance carriers in their area for the most accurate and current information to ensure compliance with reimbursement requirements at all times.

LCD Title: Non-Invasive Vascular Studies
LCD ID #: L31841
Original Effective Date: For services performed on or after 10/1/2015
Revision Effective Date: For services performed on or after 1/1/2017

Credentialing and Accreditation Standards

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain any applicable documentation. A vascular diagnostic study may be personally performed by a physician or a technologist.

The GAO Report to Congressional Committees entitled Medicare Ultrasound Procedures. Consideration of Payment Reforms and Technician Qualifications Requirements states that “Findings from several peer-reviewed studies, the Medicare Payment Advisory Commission, and ultrasound-related professional organizations support requiring that sonographers either have credentials or operate in facilities that are accredited, where specific quality standards apply. In some localities and practice settings, CMS or its contractors have required that sonographers either be credentialed or work in an accredited facility.” (GAO-07-734)

For areas under CGS Administrators, LLC jurisdiction the requirements will be effective for all providers 30 April 2011:

- All non-invasive vascular diagnostic studies must be performed under at least one of the following settings: (1) performed by a physician who is competent in diagnostic vascular studies or under the general supervision of physicians who have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed by a technician who is certified in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology.

- Examples of appropriate personnel certification include, but are not limited to the Registered Physician in Vascular Interpretation (RPVI), Registered Vascular Technologist (RVT), the Registered Cardiovascular Technologist (RCVT), Registered Vascular Specialist (RVS), and the American Registry of Radiologic Technologists (ARRT) credentials in vascular sonography. Appropriate laboratory accreditation includes the American College of Radiology (ACR) Vascular Ultrasound Program, and the Intersocietal Accreditation Commission (IAC) for Vascular Testing (formerly ICAVL).

- Additionally, transcutaneous oxygen tension measurements may be performed by individuals possessing the following credentials obtained from the National Board of Diving and Hyperbaric Medicine Technology (NBDHMT): Certified Hyperbaric Technologist (CHT), or Certified Hyperbaric Registered Nurse (CHRN).

Please Note: 42 CFR Section 410.33, Independent Diagnostic Testing Facilities, includes credentialing requirements that supersede those above:

The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. See 42 CFR Section 410-33 (2) (b).

Nonphysician personnel: Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met. See 42 CFR Section 410-33 (2)(c).
**Training and Education**

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential

These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials
- The Cardiovascular Credentialing International (CCI) which provides RVS credential

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL)
- American College of Radiology (ACR)

**Training Requirements**

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience.

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential
These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials
- The Cardiovascular Credentialing International (CCI) which provides RVS credential

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available upon request; otherwise the provider must have documentation available upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL)
- American College of Radiology (ACR)

General Supervision means the procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

LCD Title: Non-invasive Evaluation of Extremity Veins
LCD ID #: L33693
Original Effective Date: For services performed on or after 10/1/2015
Revision Effective Date: For services performed on or after 1/1/2017

Training Requirements

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience.

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chap 13, Sec 13.5.1 (www.cms.hhs.gov/manuals/downloads/pim83c13.pdf) outlines that “reasonable and necessary” services are “ordered and/or furnished by qualified personnel.” Services will be considered medically reasonable and necessary only if performed by appropriately trained providers.

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential
- Registered Phlebology Sonographer (RPhS)
- Registered Technologist in Vascular Sonography (R.T. [VS])

These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials

[FIRST COAST SERVICE OPTIONS - CONTINUED ON NEXT PAGE]
The Cardiovascular Credentialing International (CCI) which provides RVS and RPhS credential
The American Registry of Radiologic Technologists (ARRT)

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL)
- American College of Radiology (ACR)

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available upon request; otherwise the provider must have documentation available upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.

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**LCD Title:** Non-invasive Extracranial Arterial Studies  
**LCD ID #:** L33695  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 1/1/2017

**Training Requirements**

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience.

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

A qualified physician for this service is defined as follows: 1) A physician who has staff privileges to interpret vascular laboratory studies in a hospital that participates in the Medicare program in the state of Florida and the U.S. territories of Puerto Rico and the U.S. Virgin Islands (as applicable) or; 2) A physician who works in a certified vascular laboratory or; 3) A physician who has the RVT or the RPVI (Registered Physician in Vascular interpretation – provided by the ARDMS) certificate or ASN: Neuroimaging Subspecialty Certification; 4) Physicians who are not covered by one of these criteria will have until 2008 to comply.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential
- Registered Technologist in Vascular Sonography (R.T. (VS))

These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials
- The Cardiovascular Credentialing International (CCI) which provides RVS credential
- The American Registry of Radiologic Technologists (ARRT)

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL)
- American College of Radiology (ACR)

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available to Medicare upon request; otherwise the provider must have documentation available to Medicare upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.
Training Requirements

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience.

All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential

These credentials must be provided by nationally recognized credentialing organizations such as:

- The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS and RVT credentials
- The Cardiovascular Credentialing International (CCI) which provides RVS credential

However, if the facility has a documented process for grand-fathering experienced technicians who have performed the services referenced in this LCD (a process addressing years of service and experience with number of supervised cases), this documentation should be available to Medicare upon request; otherwise the provider must have documentation available to Medicare upon request which indicates that the technician meets the credentialing requirements as stated above or is in the process of obtaining this credentialing.

Appropriate nationally recognized laboratory accreditation bodies include:

- Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL)
- American College of Radiology (ACR)

Additionally, the transcutaneous oxygen tension measurements (TpO₂) may be performed by personnel credentialed as a certified hyperbaric registered nurse (CHRN) or certified hyperbaric technologist (CHT) by the National Board of Diving and Hyperbaric Medical Technology (NBDHMT).

Training and Qualifications:

The CMS Manual System, Pub. 100-8, Program Integrity Manual, Chapter 13, Sec 5.1 (www.cms.hhs.gov/manuals/downloads/pim83c13.pdf) outlines that “reasonable and necessary” services are “ordered and/or furnished by qualified personnel.” Services will be considered medically reasonable and necessary only if performed by appropriately trained providers. The Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) have agreed to a single accreditation system for graduate medical education (GME) residency programs in the U.S.
A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency (general or vascular surgery, radiology, cardiology) and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States or by the applicable specialty/subspecialty society in the United States.

Nonphysician practitioners (NPP) have a defined scope of practice per state licensure. Use of ultrasound for chronic venous disease (CVD) diagnosis or therapy guidance is not covered. A NPP under the supervision of qualified physician for the intra service aspects of sclerotherapy (standard or foam) and/or phlebectomy must be able to demonstrate education and training in the intervention.

The accuracy of non-invasive diagnostic studies depends on the knowledge, skill and experience of the technologist and the physician performing the interpretation of the study. Consequently, the technologist and the physician must maintain proof of training and experience. All non-invasive vascular diagnostic studies must be: (1) performed by a qualified physician or (2) performed under the general supervision of a qualified physician or technologist who has demonstrated minimum entry level competency by being credentialed in vascular technology, and/or (3) performed in a laboratory accredited in vascular technology.

Examples of certification in vascular technology for non-physician personnel include:

- Registered Vascular Technologist (RVT) credential
- Registered Vascular Specialist (RVS) credential
- These credentials must be provided by nationally recognized credentialing organizations such as:
  - The American Registry of Diagnostic Medical Sonographers (ARDMS) which provides RDMS, RVT, and Registered Physician in Vascular Interpretation (RPVI) credentials
  - The Cardiovascular Credentialing International (CCI) which provides RVS credential
  - Appropriate, nationally recognized laboratory accreditation bodies include:
    - Intersocietal Accreditation Commission (IAC), formerly Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)
    - American College of Radiology (ACR)

General Supervision means the procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.
National Government Services

Part A & B MAC
Jurisdiction K: Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Jurisdiction 6: Illinois, Minnesota, Wisconsin
www.ngsmedicare.com

LCD Title: Non-Invasive Vascular Studies
LCD ID #: L33627
Original Effective Date: For services performed before or after 10/1/2015
Revision Effective Date: For services performed before or after 01/01/2017

Credentialing and Accreditation Standards

The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain any applicable documentation. A vascular diagnostic study may be personally performed by a physician or a technologist.

The GAO Report to Congressional Committees entitled Medicare Ultrasound Procedures. Consideration of Payment Reforms and Technician Qualifications Requirements states that “Findings from several peer-reviewed studies, the Medicare Payment Advisory Commission, and ultrasound-related professional organizations support requiring that sonographers either have credentials or operate in facilities that are accredited, where specific quality standards apply. In some localities and practice settings, CMS or its contractors have required that sonographers either be credentialed or work in an accredited facility.” (GAO-07-734)

The following requirements will be in effect for Part B providers in New York state (except Queens County) November 15, 2008. For other areas under National Government Services jurisdiction the requirements will be effective for all providers November 15, 2010, with the exception of Illinois (Part B providers), Maine, Massachusetts, Minnesota, New Hampshire, Rhode Island, Vermont and Wisconsin (Part B providers). For these states the requirement will take effect January 1, 2016.

- All non-invasive vascular diagnostic studies must be performed under at least one of the following settings: (1) performed by a physician who is competent in diagnostic vascular studies or under the general supervision of physicians who have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed by a technician who is certified in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology.

- Examples of appropriate personnel certification include, but are not limited to the Registered Physician in Vascular Interpretation (RPVI), Registered Vascular Technologist (RVT), the Registered Cardiovascular Technologist (RCVT), Registered Vascular Specialist (RVS), and the American Registry of Radiologic Technologists (ARRT) credentials in vascular technology. Appropriate laboratory accreditation includes the American College of Radiology (ACR) Vascular Ultrasound Program, and the Intersocietal Accreditation Commission (IAC) in Vascular Testing (formerly ICAVL).

- Additionally, transcutaneous oxygen tension measurements may be performed by individuals possessing the following credentials obtained from the National Board of Diving and Hyperbaric Medicine Technology (NBDHMT): Certified Hyperbaric Technologist (CHT), or Certified Hyperbaric Registered Nurse (CHRN).
Noridian Healthcare Solutions (Jurisdiction E)

Part A & B MAC
Jurisdiction E: American Samoa, California, Guam, Hawaii, Nevada, North Mariana Islands
www.noridianmedicare.com

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**LCD Title:** Noninvasive Cerebrovascular Studies  
**LCD ID #:** L34221  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 10/1/2016

**Documentation Requirements:** The provider must ensure documentation showing reasonableness and necessity of the procedures are kept on file and made available upon request by the Medicare carrier. When using syncope as an indication, it is necessary to document that other more common causes have been ruled out. The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the study. **It is RECOMMENDED that noninvasive vascular studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation.** Noninvasive vascular studies done in an IDTF facility or vascular laboratory are subject to the rules and regulations governing the facility. This A/B MAC is not a credentialing body; therefore, this LCD will recommend certification, but not recommend certifying bodies.

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**LCD Title:** Noninvasive Peripheral Arterial Studies  
**LCD ID #:** L34219  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 10/1/2016

**Documentation Requirements:** The provider must ensure that documentation showing reasonableness and necessity of the procedures is kept on file and made available to this A/B MAC on request. The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the studies. **It is RECOMMENDED that noninvasive vascular studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation.** Noninvasive vascular studies done in an IDTF facility or vascular laboratory are subject to the rules and regulations governing the facility. This A/B MAC is not a credentialing body; therefore, this LCD will recommend certification, but not recommend certifying bodies.

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**LCD Title:** Noninvasive Peripheral Venous Studies  
**LCD ID #:** L34229  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 10/1/2016

**Documentation Requirements:** The provider must ensure that documentation showing reasonableness and necessity of the procedures are kept on file and made available upon the request of the Medicare carrier. The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the study. **It is RECOMMENDED that noninvasive vascular studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation.** Noninvasive vascular studies done in an IDTF facility or vascular laboratory are subject to the rules and regulations governing the facility. This A/B MAC is not a credentialing body; therefore, this LCD will recommend certification, but not recommend certifying bodies.
Noridian Healthcare Solutions (Jurisdiction F)

Part A & B MAC
www.noridianmedicare.com

Presently, there are no known Part A & B CMS policies for Jurisdiction F under Noridian Healthcare Solutions that require or recommend IAC accreditation as a condition for reimbursement for vascular testing studies.
Training Requirements/Certifications

The accuracy of non-invasive diagnostic testing studies depends on the knowledge, skill and experience of the physician and/or technologist performing and interpreting the study. Documentation of applicable training and experience must be maintained and made available upon request. Services will be considered reasonable and necessary only if performed by appropriately trained personnel.

All non-invasive vascular studies must be:

1. Performed by a qualified physician; or
2. Performed under the general supervision of a qualified physician by a licensed* technologist who is certified in vascular technology; or
3. Performed in an accredited vascular laboratory.

*State licensure for a technologist is required in addition to appropriate recognized certification. Documentation of current, active licensure must be maintained and made available upon request. In the absence of a state/federal district licensing board, the requirement for licensure is waived.

A qualified physician for this service/procedure is defined as:

A) Physician is properly enrolled in Medicare; and
B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under General Supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Appropriate technologist certification is limited to American Registry of Diagnostic Medical Sonographers (ARDMS) certification as a Registered Vascular Technologist (RVT), Cardiovascular Credentialing International (CCI) certification as a Registered Vascular Specialist (RVS), and the American Registry of Radiologic Technologists (ARRT) certification in Vascular Sonography (VS). Appropriate laboratory accreditation is limited to the American College of Radiology (ACR) Vascular Ultrasound Program, and the Intersocietal Accreditation Commission (IAC) division of Vascular Testing.
**LCD Title:** Non-Invasive Peripheral Venous Studies  
**LCD ID #:** L35451  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 1/1/2017

**Training Requirements/Certifications**

The accuracy of non-invasive diagnostic testing studies depends on the knowledge, skill and experience of the physician and/or technologist performing and interpreting the study. Documentation of applicable training and experience must be maintained and made available upon request. Services will be considered reasonable and necessary only if performed by appropriately trained personnel.

All non-invasive vascular studies must be:

1. Performed by a qualified physician; or  
2. Performed under the general supervision of a qualified physician by a licensed* technologist who is certified in vascular technology; or  
3. **Performed in an accredited vascular laboratory.**

*State licensure for a technologist is required in addition to appropriate recognized certification. Documentation of current, active licensure must be maintained and made available upon request. In the absence of a state/federal district licensing board, the requirement for licensure is waived.

A qualified physician for this service/procedure is defined as:

A) Physician is properly enrolled in Medicare; and  
B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

General Supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under General Supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Appropriate technologist certification is limited to American Registry of Diagnostic Medical Sonographers (ARDMS) certification as a Registered Vascular Technologist (RVT), Cardiovascular Credentialing International (CCI) certification as a Registered Vascular Specialist (RVS), and the American Registry of Radiologic Technologists (ARRT) certification in Vascular Sonography (VS). **Appropriate laboratory accreditation is limited to the American College of Radiology (ACR) Vascular Ultrasound Program, and the Intersocietal Accreditation Commission (IAC) division of Vascular Testing.**

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**LCD Title:** Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities  
**LCD ID #:** L34924  
**Original Effective Date:** For services performed on or after 10/1/2015  
**Revision Effective Date:** For services performed on or after 1/1/2017

A qualified physician for this service/procedure is defined as A) Physician (MD or DO) properly enrolled in Medicare, Licensed by the State with full scope of practice, with B) training and experience acquired through tenured practice or within the framework of an accredited residency and/or fellowship training program in the applicable specialty/subspecialty in the United States, reflecting equivalent education, training and expertise endorsed by an academic institution or specialty society in the United States.
The Accuracy of Non-invasive Diagnostic Testing studies depend on the knowledge, skill and experience of the physician and/or technologist performing and interpreting the study. Both must maintain proof of training and experience. All non-invasive vascular studies must be:

1. Performed by a qualified physician, or
2. Performed under the general direction of a qualified physician or technologist who has demonstrated minimal entry level competency by being credentialed in vascular technology or
3. **Performed in an accredited vascular laboratory**
4. Performed in an Independent Diagnostic Testing Facility (IDTF) (Refer to LCD L34792, Independent Diagnostic Testing Facility for coverage details.)

Examples of certification for non-physicians include:

- Registered Vascular Technologist (RVT)-ARDMS
- Registered Physician in Vascular interpretation (RPVI)-ARDMS
- Registered Phlebology sonographer (RPhS)-CCI
- Registered Vascular Specialist (RVS)-CCI

Provided by nationally recognized credentialing organizations such as:

- American Registry of Diagnostic Medical Sonographers (ARDMS)- Provides RDMS and RVT certification
- Cardiovascular Credentialing International (CCI) - RVS certification and RPhS certification
- Intersocietal Accreditation Commission-Vein Center Division, Vascular Testing Division
- American College of Radiology (ACR)

Nationally recognized guidelines and accreditation bodies:

- Intersocietal Commission for the Accreditation of Vascular Laboratories (IAC) or
- Intersocietal Accreditation Commission (IAC)-Vascular Testing Division or Vein Center Division
- American College of Radiology
- Society for Vascular Surgery/American Venous Forum
Presently, there are no known Part A & B CMS policies for Jurisdiction M under Palmetto GBA that require or recommend IAC accreditation as a condition for reimbursement for vascular testing studies.
credentialing and accreditation standards

the accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience. a vascular diagnostic study may be personally performed by a physician, a certified technologist, or in a certified vascular testing lab.

services will be considered medically reasonable and necessary only if performed by appropriately trained providers.

1. all non-invasive vascular diagnostic studies must be performed meeting at least one of the following:
   a. performed by a licensed qualified physician, or
   b. performed by a technician who is certified in vascular technology, or
   c. performed in facilities with laboratories accredited in vascular technology.

2. a licensed qualified physician for these services is defined as:
   a. having trained and acquired expertise within the framework of an accredited residency or fellowship program in the applicable specialty/subspecialty in ultrasound (us) or must reflect equivalent education, training, and expertise endorsed by an academic institution in ultrasound or by applicable specialty/subspecialty society in ultrasound, or
   b. has the registered vascular technologist (rvt), registered physician vascular interpretation (rpvi), or asn: neuroimaging subspecialty certification; and
   c. is able to provide evidence of proficiency in the performance and interpretation of each type of diagnostic procedure performed.

3. nonphysician personnel performing tests must demonstrate basic qualifications to perform tests and have training and proficiency as evidenced by licensure or certification by an appropriate state health or education department. in the absence of a state licensing board, non-physician personnel must be certified by an appropriate national credentialing body. appropriate personnel certification includes the american registry of diagnostic medical sonographers (ardms), registered vascular technologist (rvt) credential; or cardiovascular credentialing international’s registered vascular specialist (rvs).

4. laboratories accredited by the intersocietal accreditation commission (iac), american college of radiology (acr) vascular ultrasound program, or joint commission must follow the accrediting body’s standards.
Credentialing and Accreditation Standards

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   c. Is able to provide evidence of proficiency in the performance and interpretation of each type of diagnostic procedure performed.

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4. Laboratories accredited by the Intersocietal Accreditation Commission (IAC), American College of Radiology (ACR) Vascular Ultrasound Program, or Joint Commission must follow the accrediting body's standards.
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4. Laboratories accredited by the Intersocietal Accreditation Commission (IAC), American College of Radiology (ACR) Vascular Ultrasound Program, or Joint Commission must follow the accrediting body’s standards.

5. Transcutaneous oxygen tension measurement should be performed by personnel possessing the following credentials obtained from the National Board of Diving and Hyperbaric Medicine Technology (NBDHMT): Certified Hyperbaric Technologist (CHT), or Certified Hyperbaric Registered Nurse (CHRN).

LCD Title: Non-Invasive Peripheral Venous Vascular and Hemodialysis Access Studies
LCD ID #: L35751
Original Effective Date: For services performed on or after 10/1/2015
Revision Effective Date: For services performed on or after 10/1/2016
Last Updated: 10/1/2016

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