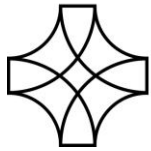
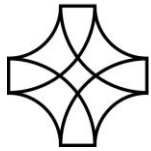


2023 ULTRASOUND RECOMMENDED VASCULAR SCHEDULING GUIDE:

PROCEDURE/CPT CODE	PATIENT PREP	COMMON INDICATIONS
<u>Abdominal Exams</u>		
<u>Abdominal Aorta Limited</u> -76775- Use for all F/U AAA evaluations	NPO after midnight or for 6-8 hours prior	AAA ABDOMINAL BRUIT
<u>Abdominal Aorta Aneurysm (AAA) Screening</u> -76706- Use for <u>ALL</u> AAA screenings *initial exam to determine if AAA *screening order must include Z13.6 and either Z87.891 or Z84.89 *only one screening per patient	NPO after midnight or for 6-8 hours prior	HX OF TOBACCO USE Z87.891 FAMILY HX CARDIOVASCULAR DISEASE Z84.89 SCREENING FOR OTHER CARDIOVASC. CONDITIONS Z13.6
<u>Vascular/Noninvasive</u>		
<u>Carotid Duplex</u> -93880- Carotid Duplex Unilateral -93882-	NONE	CVA/TIA BRUIT S/P CAROTID ENDARTERECTOMY CAROTID STENOSIS
<u>Abdominal Aorta Limited Medicare Screening</u> -76775- -76706-	NPO after midnight or for 6-8 hours prior	AAA EVALUATION ABDOMINAL BRUIT
<u>Abdominal Aorta Duplex</u> -93978-	NPO after midnight or for 6-8 hours prior	EVAR/ BYPASS GRAFT EVALUATION ATHEROSCLEROSIS ABDOMINAL BRUIT



<p><u>Mesenteric Duplex</u> -93976-</p>	<p>NPO after midnight or for 6-8 hours prior</p>	<p>HX OF TOBACCO USE Z87.891 FAMILY HX CARDIOVASCULAR DISEASE Z82.49 SCREENING FOR OTHER CARDIOVASC. CONDITIONS Z13.6</p>
<p><u>Renal Artery Duplex</u> -93975- *protocol includes: Renal parenchyma -76775- Renal Transplant Duplex -76776</p>	<p>NPO after midnight or for 6-8 hours prior</p>	<p>UNCONTROLLED HTN</p>
<p><u>Liver Duplex</u> -93975- *protocol includes: Liver Parenchyma -76705-</p>	<p>NPO after midnight or for 6-8 hours prior</p>	<p>EVALUATE HEPATIC VEINS HEPATIC ARTERIES AND PORTAL VEIN TIPS</p>
<p><u>Splenic Artery Duplex</u> -93976-</p>	<p>NONE</p>	<p>SUSPECTED STENOSIS</p>
<p><u>Arm Venous Duplex/Doppler</u> Bilateral -93970- Unilateral -93971-</p>	<p>NONE</p>	<p>DVT REDNESS SWELLING PAIN</p>
<p><u>Leg Venous Duplex/Doppler</u> Bilateral -93970- Unilateral -93971-</p>	<p>NONE</p>	<p>DVT REDNESS SWELLING PAIN</p>
<p><u>Venous Insufficiency</u> Lower Extremity Bilateral -93970- Unilateral -93971-</p>	<p>NONE</p>	<p>VENOUS HTN NON-HEALING ULCER EDEMA LEG PAIN</p>
<p><u>Vein Mapping</u> Bilateral -93970- Unilateral -93971- For Dialysis preparation – G0365</p>	<p>NONE</p>	<p>*Preparation for bypass or dialysis graft CAD PVD RENAL FAILURE</p>



<p>LEA – Lower extremity arterial Physiological Screening Segmental Pressures/PVRs</p> <p><i>*No duplex imaging, physiological evaluation only. *For patients WITHOUT known lower extremity arterial disease or leg interventions</i></p> <p><u>With Stress (if ambulatory) per protocol</u></p> <p>Treadmill stress -93924- Rest only -93923-</p>	<p>Wear comfortable walking shoes</p>	<p>CLAUDICATION NON-HEALING ULCER PVD <i>*No documentation of personal history of disease to lower extremities</i></p>
<p><u>ABI/TBI</u> -93922</p> <p>Treadmill stress -93924-</p>	<p>NONE</p>	<p>PVD CLAUDICATION NON-HEALING ULCER PRE-OP OR POST-OP EVALUATION</p>
<p>LEA – Duplex/Comprehensive/ Lower Extremity Arterial Bypass &/or Stent evaluation Arterial mapping <u>Iliac Arteries</u></p> <p>Bilat -93978- Unilat -93979- <u>Legs</u></p> <p>Bilat -93925- Unilat -93926- <i>*ABI/TBI is included with treadmill for all Duplex evaluations</i></p>	<p>Wear comfortable walking shoes</p> <p><i>*If Iliacs are to be done: NPO after midnight or 6-8 hours prior to exam</i></p> <p><i>*Legs only: NONE</i></p>	<p>LEG PAIN CLAUDICATION BYPASS GRAFT SURVEILLANCE PVD NON-HEALING ULCER</p>
<p><u>Pseudoaneurysm</u></p> <p>Lower extremity – 93926 Upper extremity - 93931 Specify side, limb and for pseudoaneurysm on order</p>	<p>NONE</p>	<p>POST INTERVENTIONAL PROCEDURE OR CATHETERIZATION</p>
<p>UEA -Upper Extremity Arterial Physiological study - pressures</p> <p>Limited – 93922 Complete - 93923</p>	<p>NONE</p>	<p>THORACIC OUTLET SYNDROME FINGER, ARM PAIN BERGER'S SYNDROME</p>
<p>UEA – Duplex/Doppler</p> <p>Bilateral – 93930 Unilateral - 93931</p>	<p>NONE</p>	<p>THORACIC OUTLET SYNDROME FINGER, ARM PAIN BERGER'S SYNDROME</p>

*****PLEASE CALL US AT 574-364-2819 WITH ANY QUESTIONS.**

*****BASED ON PATIENT HISTORY/PREVIOUS EXAMS, EXAM MAY NEED TO BE MODIFIED PER RADIOLOGIST'S PROTOCOL.**