

# Non-invasive Arterial Studies When the Technical Component Is Performed by an Assistant

These factors determine if this service is covered.

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**A**re CPT(2) 93922/93923 eligible for payment when the technical component of the service was performed by an assistant? The answer varies based on third-party payer and requires consideration of code selection, licensure, supervision guidelines, and payment eligibility. This analysis follows.

## CPT(1) Code Selection

CPT(2) 93922—Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

CPT(2) 93923—Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirec-

tional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (e.g., measurements with postural provocative tests, or measurements with reactive hyperemia)

Page 783 of the 2022 CPT Professional Book(2) under the heading of “Non-invasive Vascular Diagnostic Studies,” states:

“Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided.”

Page xiv of the 2022 CPT Professional book(2) states:

“Select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided.”

Therefore, following CPT(1) guidance, if an appropriately licensed pro-

vider supervises the performance of non-invasive vascular studies and performs the interpretation of the study results with required copies, the provider may submit CPT(2) 93922/93923.

## Licensure

Assistant licensure, such as the licenses of medical assistants and physician assistants, may vary from state to state. Assistants of any type may only provide services that fall under their licensure. Assistants can only perform the technical component of noninvasive physiologic studies if they are licensed to do so in their respective state.

## Supervision

Third-party payers may choose to publish guidance outlining whether a service, or an element of a service, is payable or not payable when performed by an Assistant under the supervision of a physician. One such third party payer is Medicare. Column “Z” of the Medicare Physician Fee Schedule Relative Value File,<sup>1</sup> titled, “Physician Supervision of Diagnostic Procedures,” assigns physician supervision requirements to services. Common indicators in this column include:<sup>2</sup>

1) Procedure must be performed under the general supervision of a physician

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## Arterial Studies (from page 63)

2) Procedure must be performed under the direct supervision of a physician

3) Procedure must be performed under the personal supervision of a physician

9) Concept does not apply

The Medicare Physician Fee Schedule Relative Value File(4) lists, in column “Z”, a “Physician Supervision of Diagnostic Procedures” indicator of 1 for the technical component of both CPT(2) 93922 and CPT(2) 93923. This indicates that

may or may not mirror Medicare guidance. Providers should check to see if a non-Medicare payer allows for the submission of CPT(2) 93922 and CPT(2) 93923 when the technical component of the service is performed by an Assistant before submitting claims for such service to that payer when the technical component of the service was performed by an Assistant.

### Podiatrists as Physicians under Medicare

Medicare considers podiatrists to be “physicians.” Podiatrists are defined as physicians in the Medicare

certain requirements for payment of CPT(2) 93922 and CPT(2) 93923 that apply to an Assistant who performs the technical component of the service. In some cases, certain qualifications or certifications are required of an Assistant who performs the technical component of the service in order for payment to be made.

While Medicare is a national program, it is administered on a local level by Medicare Administrative Contractors (MACs). Some Part B MACs and other third party payers have a coverage policy for noninvasive arterial studies and some do not. Some of those that do include the requirement of certain qualifications or certifications of an Assistant who performs the technical component of noninvasive arterial studies under the supervision of a physician. Medicare providers should check to see if their own Part B MAC and other third-party payers issue such requirements.

## Many non-Medicare payers follow Medicare guidance on this topic.

CPT(2) 93922 and CPT(2) 93923 are payable when performed for Medicare beneficiaries, and the technical component of the service is performed by an Assistant under the general supervision of a physician.

42 Code of Federal Regulations § 410.32(b)(3)(i)(3) defines Medicare general supervision with the following guidance:

“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 perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.”

Therefore, Medicare allows for the submission of CPT(2) 93922 and CPT(2) 93923 when the technical component of the service is performed by an appropriately trained Assistant under the physician’s overall direction, and control and the physician’s presence is not required during the performance of the procedure.

Many non-Medicare payers follow Medicare guidance on this topic. However, some do not and may instead issue their own guidance which

program under Section 1861(r)(3) of the Social Security Act. This section of the Act states:

“The term “physician”, when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p) (1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them.”

### Payment

Third-party payers may choose to issue coverage determinations for certain services. These coverage determinations illustrate guidelines for payment of a service. As it pertains to non-invasive vascular studies, some of these coverage determinations list

### Conclusion

When providing non-invasive arterial studies for Medicare beneficiaries, the service is eligible for payment when assistants, functioning within their scope of practice, perform the technical component of the service under the general supervision of a physician. Certain Part B MACs issue additional eligibility requirements of the Assistant performing the study. Different non-Medicare payers may or may not follow Medicare guidance on this topic. **PM**

### References

- <sup>1</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
- <sup>2</sup> MLN901344 March 2021 “How to Use the MPFS Lookup Tool”
- <sup>3</sup> [https://www.cms.gov/medicare/medicare-fee-for-service-payment/clinicalabfeesched/downloads/410\\_32.pdf](https://www.cms.gov/medicare/medicare-fee-for-service-payment/clinicalabfeesched/downloads/410_32.pdf)



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