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Coding and Documentation Tips for Billing Vascular Duplex Ultrasound Studies

Duplex ultrasound employs a combination of conventional ultrasound, color flow Doppler imaging and spectral Doppler analysis, and, in most cases, can be reported as complete bilateral or limited or unilateral studies depending on the location of the vessels in the study.

The CPT nomenclature splits the duplex scan codes into sections for cerebrovascular arteries, extremity arteries, extremity veins, visceral and penile arterial inflow and venous outflow, and hemodialysis access scans.

CPT Code	Duplex Ultrasound Study
93880	Extracranial arteries; complete bilateral study
93882	Extracranial arteries; unilateral or limited study
93925	Lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	Upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	Upper extremity arteries or arterial bypass grafts; unilateral or limited study
93970	Extremity veins incl. responses to compression and other maneuvers; complete bilateral study
93971	Extremity veins incl. responses to compression and other maneuvers; unilateral or limited study
93975	Arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	Aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	Arterial inflow and venous outflow of penile vessels; complete study
93981	Arterial inflow and venous outflow of penile vessels; follow-up or limited study
93990	Hemodialysis access (including arterial inflow, body of access and venous outflow)

Billing for the professional component is reliant upon the documentation in the radiology report for accurate CPT code assignment. Following are some things to keep in mind when documenting these studies.



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Color Doppler performed alone does not support the billing of duplex scan CPT codes; the AMA's CPT requires both spectral and color Doppler to bill this code set. Documentation of the results of all duplex scan studies should reflect the assessment of flow with color and recording a spectral waveform. Industry sources recommend including at least one of the following descriptors for Spectral Doppler in the radiologist's final report:

- Spectral
- Flow velocity
- RI
- Resistance
- Wave
- Pulse(d)
- Resistive index

For example, documentation that would support billing a Duplex scan CPT code would be, "Duplex scan was performed using B-Mode/gray scale imaging and Doppler spectral analysis and color flow."

- To bill for a **Limited Duplex Scan**, the dictation must at least include: **Color and Spectral Doppler**
- To bill for a **Complete Duplex Scan**, the dictation must include: **Arterial inflow & Venous Outflow and Color & Spectral Doppler**

The AMA's *CPT 2016* directs that the use of a hand-held or other Doppler device that doesn't produce a hard copy record, or that does produce a record not allowing analysis of bidirectional vascular flow, does not qualify for separate billing and is, instead, included in the physical examination of the vascular system.

CPT codes for Duplex scans of the extremities are differentiated between extremity arteries (upper vs lower) and extremity veins and can be reported as *complete bilateral* studies or as *limited or unilateral*.

- A bilateral scan performed as less than a complete study would be assigned the *limited or unilateral* CPT codes.

Duplex Scans of the abdomen, pelvic, scrotum and/or retroperitoneum can also be performed and reported as *complete* or *limited* studies. *Complete* studies require that the radiologist examine and document both sides of a paired organ, such as the ovaries.

- Keywords in the documentation can serve to direct and support the assignment of *complete* versus *limited* CPT codes, such as:
 - **Complete:** arterial inflow and venous outflow
 - **Limited:** arterial inflow or venous outflow



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Additional documentation tips:

- If flow is not visualized (ie, torsion) the documentation should reflect that the spectral Doppler evaluation revealed no flow.
- Documentation should reflect waveform that appears normal.

APS maintains a staff of certified coders specializing in diagnostic radiology. Any questions regarding this information can be directed to Shelly Genaro or Karen Harmon at 800.288.8325 for assistance.