

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: LCDs Reign Supreme

Question: What diagnosis code should be used for vein mapping prior to hemodialysis?

New York Subscriber

Answer: Your best bet is to check your local coverage determination (LCD).

For example: The New York LCD for National Government Services (NGS) instructs its providers to list V72.83 (Other specified pre-operative examination) as the primary diagnosis followed by a secondary diagnosis to identify the reason for the study or to indicate the findings. The LCD lists the possible secondary codes, such as 585.6 (End stage renal disease).

Also be sure to watch for LCD instructions on how to report the procedure. NGS LCD L27355 states, "The HCPCS level II code G0365 [Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)] should be used for the initial autogenous access vessel mapping. The CPT® codes 93970 [Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study] and 93971 [... unilateral or limited study] may be used for subsequent access mapping."

You'll find the NGS LCD online by entering the LCD number (L27355) in the Quick Search box at [www.cms.gov/medicare-coverage-database/](http://www.cms.gov/medicare-coverage-database/) and then clicking on "Search by ID." When prompted, type in the date of service you want to check, and then click "Search" to retrieve the results.

LCDs may vary by payer, so be sure you understand the rules for the particular payer you're billing.