

Discussion questions for February 18th Contractor Advisory Committee (CAC) Meeting

Please consider the following questions from a Medicare Part B perspective. We are not discussing patient care for those who are ill enough to be admitted to the hospital.

1. Should there be required qualifications for an individual performing arterial ultrasounds?
2. Should specific patient populations (i.e., diabetics, patients with acute/chronic edema, patients with leg pain, patients with known PAD or CAD) receive arterial duplex ultrasound of the extremities?
3. Should specific patient populations (i.e., diabetics, patients with acute/chronic edema, patients with leg pain, patients with known PAD or CAD) receive ABI or other noninvasive physiologic testing?
4. Should specific patient populations (i.e., diabetics, patients with acute/chronic edema, patients with leg pain, patients with known PAD or CAD) receive arterial US imaging of the extremities more than once annually?
5. Should patients receive arterial US imaging and/or ABI to diagnose PAD?
6. Should beneficiaries who have had endovascular/surgical intervention undergo arterial US imaging? If so, when?
7. Should beneficiaries who have had endovascular/surgical intervention undergo surveillance arterial US imaging? If so, how frequently and for how long?
8. Should beneficiaries who have had endovascular/surgical intervention receive surveillance US-determined ABI? If so, when?
9. Should beneficiaries who have had endovascular/surgical intervention have surveillance US-determined ABI testing? If so, how frequently and for how long?
10. Should concomitant arterial duplex ultrasound and noninvasive physiologic testing of the extremities be performed in beneficiaries with known peripheral artery disease? If so, how frequently and for how long?
11. Should concomitant arterial duplex ultrasound and noninvasive physiologic testing of the extremities be performed in beneficiaries without known peripheral artery disease but with signs/symptoms?
12. Should arterial duplex ultrasound testing be used in patients with isolated lymphedema?
13. Should arterial duplex ultrasound testing be used in patients with stable intermittent claudication?
14. Should concomitant arterial duplex ultrasound of the extremities and CT angiography of the extremities be performed in beneficiaries with known peripheral artery disease? If so, how frequently and for how long?
15. Should specific patient populations (i.e., diabetics, patients with acute/chronic edema, patients with leg pain, patients with known PAD or CAD) receive surveillance arterial duplex ultrasound of the carotid/extracranial arteries?
16. Should Medicare patients who have had endovascular/surgical intervention have duplex ultrasound of the carotid/extracranial arteries?

17. Should noninvasive physiologic testing of the extremities be performed in Medicare patients with known peripheral artery disease?
18. Should arterial duplex ultrasound testing of the extremities be performed in Medicare patients with known peripheral artery disease?
19. Should noninvasive physiologic studies be used to predict ischemic events?
20. Should US measurement of intima-media thickness (IMT) be used to assess carotid artery disease in Medicare patients with TIA symptoms?