

2016 Medicare Part B Fee Schedule

CPT® Code: 93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries.

CPT® Code: 93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels.

CPT® Code: 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing.

Possible ICD-10-CM Diagnosis Codes for Procedure Code 93922, 93923 and 93924

Not all inclusive diagnosis code list. Refer to manual for code specificity.

Note: Arterial exams must be considered "medically necessary" in order to be eligible for reimbursement.

E08-E13 - Diabetes Mellitus

For specificity, refer to additional codes within this category

E09.59 Drug or chemical induced diabetes mellitus with other circulatory complications

E10.59 Type 1 diabetes mellitus with other circulatory complications

E11.59 Type 2 diabetes mellitus with other circulatory complications

E13.59 Other specified diabetes mellitus with other circulatory complications

For extended ICD-10 diagnosis specific to extremity and anatomical location refer to: I70.231 – I70.249

I70-I79 - Diseases of arteries, arterioles and capillaries

I70.219 Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity

I70.229 Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity

I70.228 Atherosclerosis of native arteries of extremities with rest pain, other extremity

I70.25 Atherosclerosis of native arteries of other extremities with ulceration

I70.269 Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity

I70.299 Other atherosclerosis of native arteries of extremities, unspecified extremity

Aneurysm

I72.4 Aneurysm of artery of lower extremity

Peripheral Vascular Disease

I73.9 Peripheral vascular disease, unspecified

The above codes are examples only. Check with your local Medicare carrier policies for a complete list of ICD-10-CM codes.

2016 Medicare Part B Fee Schedule

LOCATION	Medicare Global In-Office (Non-Facility) reimbursement		
	CPT Code 93922	CPT Code 93923	CPT Code 93924
Alabama	\$80.88	\$126.13	\$156.08
Alaska	\$103.23	\$161.51	\$201.84
Arizona	\$90.41	\$140.76	\$176.56
Arkansas	\$79.25	\$123.62	\$154.90
California-Anaheim/Santa Ana(26)	\$108.09	\$167.85	\$211.07
California-Los Angeles(18)	\$103.79	\$161.31	\$202.67
California-Marin/Napa/Solano(03)	\$113.33	\$175.78	\$221.41
California-Oakland/Berkeley(07)	\$111.21	\$172.53	\$217.29
California-Rest of California(99)	\$96.99	\$150.81	\$189.49
California-San Francisco(05)	\$121.63	\$188.49	\$237.63
California-San Mateo(06)	\$120.29	\$186.43	\$235.03
California-Santa Clara(09)	\$118.37	\$183.51	\$231.28
California-Ventura(17)	\$105.05	\$163.18	\$205.16
Colorado	\$91.60	\$142.64	\$178.82
Connecticut	\$100.84	\$156.85	\$196.82
Delaware	\$93.30	\$145.27	\$182.15
Florida-FL Lauderdale(03)	\$94.01	\$146.53	\$183.36

Wallach Surgical Devices provides general reimbursement information related to the diagnosis of peripheral arterial disease as an overview for our customers. It is important to understand that reimbursement is a complex process and requirements are subject to change without notice. It is the responsibility of the healthcare provider to determine and submit appropriate codes, charges and modifiers for services that are rendered. Prior to filing any claims, customers are advised to contact their third-party payers for specific coverage, coding and payment information. Wallach Surgical Devices makes no promise or guarantee of reimbursement by Medicare or any other third-party payer.

Reference: <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

Medical Necessity For Cpt Code 93923

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Table of Contents Medical Necessity For Cpt Code 93923

1. Understanding the eBook Medical Necessity For Cpt Code 93923
 - The Rise of Digital Reading Medical Necessity For Cpt Code 93923
 - Advantages of eBooks Over Traditional Books
2. Identifying Medical Necessity For Cpt Code 93923
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medical Necessity For Cpt Code 93923
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medical Necessity For Cpt Code 93923
 - Personalized Recommendations
 - Medical Necessity For Cpt Code 93923 User Reviews and Ratings
 - Medical Necessity For Cpt Code 93923 and Bestseller Lists
5. Accessing Medical Necessity For Cpt Code 93923 Free and Paid eBooks
 - Medical Necessity For Cpt Code 93923 Public Domain eBooks
 - Medical Necessity For Cpt Code 93923 eBook Subscription Services
 - Medical Necessity For Cpt Code 93923 Budget-Friendly Options

6. Navigating Medical Necessity For Cpt Code 93923 eBook Formats
 - ePub, PDF, MOBI, and More
 - Medical Necessity For Cpt Code 93923 Compatibility with Devices
 - Medical Necessity For Cpt Code 93923 Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medical Necessity For Cpt Code 93923
 - Highlighting and Note-Taking Medical Necessity For Cpt Code 93923
 - Interactive Elements Medical Necessity For Cpt Code 93923
8. Staying Engaged with Medical Necessity For Cpt Code 93923
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medical Necessity For Cpt Code 93923
9. Balancing eBooks and Physical Books Medical Necessity For Cpt Code 93923
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medical Necessity For Cpt Code 93923
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Medical Necessity For Cpt Code 93923
 - Setting Reading Goals Medical Necessity For Cpt Code 93923
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Medical Necessity For Cpt Code 93923
 - Fact-Checking eBook Content of Medical Necessity For Cpt Code 93923
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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