

## 2016 Medicare Part B Fee Schedule

<b>CPT® Code: 93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries.</b>
<b>CPT® Code: 93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels.</b>
<b>CPT® Code: 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing.</b>

**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

	Medicare Global In-Office (Non-Facility) reimbursement		
LOCATION	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/Berkley(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-Ft. 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>

## 2016 Medicare Part B Fee Schedule

### Medicare Global In-Office (Non-Facility) reimbursement

LOCATION	CPT Code 93922	CPT Code 93923	CPT Code 93924
Florida-Miami(04)	\$95.37	\$148.84	\$185.77
Florida-Rest of Florida(99) (formerly 01/02)	\$87.83	\$136.96	\$171.40
Georgia-Atlanta(01)	\$90.90	\$141.54	\$177.51
Georgia-Rest of Georgia(99)	\$82.35	\$128.46	\$160.83
Hawaii/Guam	\$103.06	\$160.00	\$201.32
Idaho	\$81.70	\$127.35	\$159.68
Illinois-Suburban Chicago(15)	\$96.17	\$149.84	\$187.60
Illinois-Chicago(16)	\$95.15	\$148.41	\$185.50
Illinois-East St. Louis(12)	\$86.56	\$135.21	\$168.76
Illinois-Rest of Illinois(99)	\$83.65	\$130.56	\$163.27
Indiana	\$83.70	\$130.44	\$163.55
Iowa	\$81.52	\$127.06	\$159.33
Kansas	\$83.32	\$128.34	\$160.85
Kentucky	\$80.03	\$124.88	\$156.33
Louisiana-New Orleans(01)	\$89.78	\$139.96	\$175.19
Louisiana-Rest of Louisiana(99)	\$81.82	\$127.75	\$159.71
Maine-Southern Maine(03)	\$90.63	\$141.03	\$177.07
Maine-Rest of Maine(99)	\$83.50	\$130.13	\$163.15
Maryland-Baltimore/Surrounding Co.(01)	\$98.83	\$153.77	\$192.92
Maryland-Rest of Maryland (99)	\$93.56	\$145.65	\$182.70
Massachusetts-Metropolitan Boston(01)	\$103.26	\$160.34	\$201.72
Massachusetts-Rest of Massachusetts(99)	\$95.48	\$148.46	\$186.54
Michigan-Detroit(01)	\$90.57	\$141.16	\$176.76
Michigan-Rest of Michigan(99)	\$84.10	\$131.16	\$164.24
Minnesota	\$91.21	\$141.81	\$178.30
Mississippi	\$79.12	\$123.45	\$154.62
Missouri-Metro St. Louis(01)	\$87.01	\$135.60	\$169.89
Missouri-Metro Kansas City(02) (formerly 02/03)	\$86.77	\$135.25	\$169.43
Missouri-Rest of Missouri(99) (formerly 01/06)	\$78.32	\$122.32	\$152.96
Montana	\$90.91	\$141.64	\$177.44
Nebraska	\$82.29	\$128.20	\$160.88

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>

**2016 Medicare Part B Fee Schedule**
**Medicare Global In-Office (Non-Facility) reimbursement**

LOCATION	CPT Code 93922	CPT Code 93923	CPT Code 93924
Nevada	\$94.69	\$147.35	\$184.90
New Hampshire	\$95.05	\$147.85	\$185.63
New Jersey-Northern New Jersey(01)	\$105.67	\$164.23	\$206.29
New Jersey-Rest of New Jersey(99)	\$100.96	\$157.00	\$197.10
New Mexico	\$84.32	\$131.55	\$164.60
New York-Manhattan(01)	\$105.62	\$164.39	\$206.01
New York-NYC Suburbs/Long Island(02)	\$109.50	\$170.45	\$213.44
New York-Poughkeepsie/N NYC Suburbs(03)	\$97.30	\$151.50	\$189.84
New York-Queens(04)	\$108.70	\$169.23	\$211.90
New York-Rest of New York(99)	\$85.83	\$133.73	\$167.67
North Carolina	\$84.64	\$131.92	\$165.34
North Dakota	\$89.95	\$139.95	\$175.76
Ohio	\$84.00	\$131.01	\$164.03
Oklahoma	\$80.10	\$125.01	\$156.46
Oregon-Portland(01)	\$94.14	\$146.42	\$183.90
Oregon-Rest of Oregon(99)	\$87.52	\$136.30	\$170.98
Pennsylvania-Metro Philadelphia(01)	\$98.13	\$152.72	\$191.52
Pennsylvania-Rest of Pennsylvania(99)	\$84.87	\$132.34	\$165.73
Puerto Rico	\$65.91	\$103.17	\$128.94
Rhode Island	\$94.69	\$147.31	\$184.96
South Carolina	\$83.12	\$129.58	\$162.39
South Dakota	\$89.73	\$139.57	\$175.37
Tennessee	\$81.72	\$127.39	\$159.72
Texas-Brazoria(09)	\$89.89	\$140.04	\$175.54
Texas-Dallas(11)	\$91.14	\$141.89	\$178.03
Texas-Galveston(15)	\$91.73	\$142.85	\$179.13
Texas-Houston(18)	\$91.17	\$142.00	\$178.04
Texas-Beaumont(20)	\$82.66	\$128.96	\$161.43
Texas-Fort Worth(28)	\$89.90	\$139.97	\$175.61
Texas-Austin(31)	\$91.77	\$142.81	\$179.26

Current Procedural Terminology (CPT®) is copyright 2015 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. CPT is a registered trademark of the American Medical Association. References to CPT codes herein are not intended to convey any endorsement or sponsorship by, or affiliation with, the AMA.

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>

## 2016 Medicare Part B Fee Schedule

### Medicare Global In-Office (Non-Facility) reimbursement

LOCATION	CPT Code 93922	CPT Code 93923	CPT Code 93924
Texas-Rest of Texas(99)	\$83.91	\$130.83	\$163.91
Utah	\$84.57	\$131.94	\$165.09
Vermont	\$90.45	\$140.76	\$176.70
Virgin Islands	\$87.37	\$136.16	\$170.60
Virginia	\$88.97	\$138.55	\$173.77
Washington-Seattle/King Co.(02)	\$102.52	\$159.19	\$200.31
Washington-Rest of Washington (99)	\$91.04	\$141.59	\$177.90
Washington D.C.- MD/VA Suburbs	\$107.88	\$167.69	\$210.56
West Virginia	\$77.84	\$121.69	\$151.92
Wisconsin	\$86.35	\$134.47	\$168.74
Wyoming	\$90.90	\$141.62	\$177.42

Current Procedural Terminology (CPT®) is copyright 2015 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. CPT is a registered trademark of the American Medical Association. References to CPT codes herein are not intended to convey any endorsement or sponsorship by, or affiliation with, the AMA.

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>