

Billing and Reimbursement Information

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CPT* Current Procedural Terminology

CPT codes consist of Technical Component (TC) for technician reimbursement, Professional Component (PC) for physician reimbursement.

Medicare: 20% Technical, 80% Professional

Medicare National Average Reimbursement

93886	Complete Circle Evaluation	\$237.00
93888	Limited Evaluation (including Hyperostosis)	\$151.08
93890	Vasoreactivity Study	\$186.17
93892	Emboli Detection without IV Microbubble Injection	\$194.76
93893	Emboli Detection with IV Microbubble Injection	\$194.76

(It is not a requirement to report 93890-93893 in conjunction with 93888)

Typical Private Sector Reimbursement

Blue Cross/Blue Shield/Anthem/Medical Mutual: Up to 82%

Managed Commercial Care (HMO): Up to 50-60%

Please note reimbursement in your state or by your carrier may vary. Private sector fees vary.

This information is provided as a general guideline only. Natus Medical Incorporated makes no representations, warranties, or guarantees as to the accuracy, timeliness, or completeness of the information provided herein. The information about Medicare's relative value payment represents a national average reimbursement amount associated with the codes. This fee schedule applies to Medicare payments only and may not reflect the true cost of the services provided.

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**ICD-10-CM 2016, American Medical Association.



ICD-10 Diagnosis Codes**

ICD-10 International Classification of Disease

ICD Diagnosis codes support medical necessity of a procedure. Attach to CPT code for billing.

VASOSPASM

I60	Nontraumatic subarachnoid hemorrhage
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61	Nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62	Other and unspecified nontraumatic intracranial hemorrhage
I67.848	Other cerebrovascular vasospasm and vasoconstriction

THROMBOTIC OCCLUSION

I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries

EXTRACRANIAL STENOSIS

I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.29	Occlusion and stenosis of unspecified carotid artery

INTRACRANIAL STENOSIS

I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.2	Cerebral atherosclerosis
I63	Cerebral infarction
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries

CEREBRAL ISCHEMIA

G45.8	Other transient cerebral ischemic attacks and related syndromes
I67.82	Cerebral ischemia
I67.81	Acute cerebrovascular insufficiency

CEREBRAL CIRCULATORY ARREST (BRAIN DEATH)

G93.9	Disorder of brain, unspecified
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CEREBRAL UNRUPTURED ANEURYSM

I67.1	Cerebral aneurysm, nonruptured
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CEREBRAL EDEMA

G93.6	Cerebral edema
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ARTERIOVENOUS MALFORMATION

Q28.2	Arteriovenous malformation of cerebral vessels
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