

Billing & Coding Reminders

January 18, 2022

RFC Billing/Coding:

When billing Medicare for RFC- Do not use ICD-10 code E11.9. This is not a covered diagnosis for any of the RFC codes

See link below for Billing & Coding Article: Routine Foot Care and Debridement of Nails:

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57759&ver=12&keyword=&keywordType=starts&areald=s41&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=11056&hcpcsEndCode=11056&sortBy=title&bc=1>

Non-Invasive Vascular Studies Billing/Coding:

CPT 93922- Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

When this test is billed, ICD-10 I70.203 should not be used -this is not medically necessary for the test.

See link below for **Billing and Coding Article: Non-Invasive Vascular Studies**-You can familiarize yourselves with the codes that are covered by Medicare

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56758&ver=38&keyword=&keywordType=starts&areald=s41&docType=6.3.5.1.F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=93922&hcpcsEndCode=93922&sortBy=title&bc=1>