TRANSITION IT NOW

ANS+ Insurance Reimbursement Revenue Calculator

Autonomic Nervous System Testing | Medicare & Private Insurance Model

ANS+
ANS Testing System

CPT 95921
Cardiovagal Innervation
Medicare Avg
$108

CPT 95923
Sudomotor Testing
Medicare Avg
$88

CPT 93922
Ankle-Brachial Index
Medicare Avg
$107

COMBINED PER PATIENT
$303
Medicare National Avg

TEST TIME
~10 Minutes Per Patient

COVERAGE
Medicare, Medicaid, Most Private Insurers

KEY INDICATIONS
Diabetic Neuropathy, Cardiac Risk, PAD

Daily

Revenue per day

Reimbursement Per Patient (varies by payer & locality)

Pts/Day	$200	$250	$303	$350	$400	$450	$500
3	$600	$750	**$909**	$1,050	$1,200	$1,350	$1,500
4	$800	$1,000	**$1,212**	$1,400	$1,600	$1,800	$2,000
5	$1,000	$1,250	**$1,515**	$1,750	$2,000	$2,250	$2,500
6	$1,200	$1,500	**$1,818**	$2,100	$2,400	$2,700	$3,000
7	$1,400	$1,750	**$2,121**	$2,450	$2,800	$3,150	$3,500
8	$1,600	$2,000	**$2,424**	$2,800	$3,200	$3,600	$4,000
9	$1,800	$2,250	**$2,727**	$3,150	$3,600	$4,050	$4,500
10	$2,000	$2,500	**$3,030**	$3,500	$4,000	$4,500	$5,000

Weekly

5 operating days

Reimbursement Per Patient (varies by payer & locality)

Pts/Day	$200	$250	$303	$350	$400	$450	$500
3	$3,000	$3,750	**$4,545**	$5,250	$6,000	$6,750	$7,500
4	$4,000	$5,000	**$6,060**	$7,000	$8,000	$9,000	$10,000
5	$5,000	$6,250	**$7,575**	$8,750	$10,000	$11,250	$12,500
6	$6,000	$7,500	**$9,090**	$10,500	$12,000	$13,500	$15,000
7	$7,000	$8,750	**$10,605**	$12,250	$14,000	$15,750	$17,500
8	$8,000	$10,000	**$12,120**	$14,000	$16,000	$18,000	$20,000
9	$9,000	$11,250	**$13,635**	$15,750	$18,000	$20,250	$22,500
10	$10,000	$12,500	**$15,150**	$17,500	$20,000	$22,500	$25,000

Roberto Beteta | 805.660.0793 | roberto@TransitionITnow.com

ANS+ Insurance Reimbursement Revenue Calculator

Autonomic Nervous System Testing | Annual Projection

ANS+
ANS Testing System

Annually

52 weeks x 5 days = 260 operating days

Reimbursement Per Patient (varies by payer & locality)

Pts/Day	$200	$250	$303	$350	$400	$450	$500
3	$156,000	$195,000	**$236,340**	$273,000	$312,000	$351,000	$390,000
4	$208,000	$260,000	**$315,120**	$364,000	$416,000	$468,000	$520,000
5	$260,000	$325,000	**$393,900**	$455,000	$520,000	$585,000	$650,000
6	$312,000	$390,000	**$472,680**	$546,000	$624,000	$702,000	$780,000
7	$364,000	$455,000	**$551,460**	$637,000	$728,000	$819,000	$910,000
8	$416,000	$520,000	**$630,240**	$728,000	$832,000	$936,000	$1,040,000
9	$468,000	$585,000	**$709,020**	$819,000	$936,000	$1,053,000	$1,170,000
10	$520,000	$650,000	**$787,800**	$910,000	$1,040,000	$1,170,000	$1,300,000

*Revenue shown is gross reimbursement before overhead. Actual reimbursement varies by payer, locality, and contracted rates. Highlighted column reflects Medicare national average ($303 combined for CPT 95921 + 95923 + 93922). Private insurers typically reimburse 110-150% of Medicare rates. Does not include E/M visit charges or additional diagnostic services. All CPT codes require medical necessity documentation and appropriate ICD-10 diagnosis codes.

Rate Sources: CMS Medicare Physician Fee Schedule (CY 2025/2026); ANS+ manufacturer billing guidance; Gateway Clinical ANS Billing Codes Guide; Primary Care Diagnostics reimbursement data. Rates are approximate national averages. Always verify current rates at cms.gov/medicare/physician-fee-schedule.

Roberto Beteta | 805.660.0793 | roberto@TransitionITnow.com