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Ultrasound Reimbursement Information

Ultrasound Use in Caring for COVID-19 Patients

This guide provides coverage and payment information for diagnostic ultrasound and related ultrasound-guided procedures. This information was obtained from third-party sources and is subject to change without notice, as Medicare and other payers may change their reimbursement policies at any time. This document is for educational purposes only. Fujifilm Sonosite is not responsible for correct code assignment. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for service rendered and to ensure any services provided to patients and submitted for reimbursement are medically necessary. Fujifilm Sonosite makes no guarantees concerning reimbursement or coverage. If you have questions related to how to bill for these services appropriately, please contact your own reimbursement staff or the patient's insurer, as Fujifilm Sonosite cannot provide specific reimbursement guidance.

Organ System Evaluation	COVID-19 Complications	Ultrasound Application	CPT Code	Descriptor	2021 Medicare Reimbursement for a Physician	2021 Medicare Reimbursement for Hospital Outpatient Setting, including ER*
Abdomen	Hepatitis	Assessment for hepatomegaly	76705	Ultrasound, abdominal, real time with image documentation; limited	$29.31	$108.97
	Kidney Injury	Renal Resistive Index Evaluate free fluid in the intraperitoneal space	76775	Ultrasound, retroperitoneal (e.g. renal, aorta, nodes) real time with image documentation; limited	$28.96	$108.97
Arterial Line Placement	Difficulty with arterial access	Safe and efficient line placement with a high rate of first-pass success	+76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry with permanent recording and reporting (list separately in addition to code for primary procedure)	$13.96	Packaged, no separate payment
Blood Vessels	Deep Vein Thrombosis	Direct clot visualization of upper and lower Extremities	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	$38.38	$230.13
		Compressibility of veins	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	$23.73	$108.97
			93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	$33.85	$230.13
			93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	$21.98	$108.97
Brain	Ischemic Stroke	Transcranial Doppler	93886	Transcranial Doppler study or the intracranial arteries; complete study	$47.11	$230.13

	Hemorrhagic Stroke	Intracranial pressure assessment using optic nerve sheath diameter	93888	Transcranial Doppler study or the intracranial arteries; limited study	$25.82	$108.97
			76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	$31.05	$108.97
Cardiac	Myocarditis	Cardiac ejection fraction	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	$25.47	$230.13
	Pericarditis	Pericardial effusion	+93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study (list separately in addition to CPT code 93308, if performed)	$7.33	Packaged, no separate payment
	Myopericarditis Myocardial Infarction Cardiac Tamponade Pulmonary Embolism	Regional wall motion abnormalities Right/left ventricular function	+93325	Doppler echocardiography, color flow velocity mapping (list separately in addition to CPT code 93308, if performed)	$3.14	Packaged, no separate payment
Central Venous Catheterization	Iatrogenic pneumothorax, hematomas, carotid artery puncture, central-line associated blood vessel complications	Safer and faster CVC placement, confirmation of accurate placement, lower rate of complications compared to landmark techniques, reduced infection risk	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	$85.84	$2,861.66
Endotracheal Tube Placement	Intubation Confirmation	Visualization of ETT and bilateral lung sliding to confirm	76604	Ultrasound, chest (includes mediastinum), real time with image documentation	$28.61	$108.97
Hemodynamics	Hypovolemia	Diagnose type of shock	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	$25.47	$230.13
	Septic Shock	Evaluate intravascular volume status and fluid responsiveness	+93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study (list separately in addition to CPT code 93308, if performed)	$7.33	Packaged, no separate payment
		Inferior vena cava collapsibility	+93325	Doppler echocardiography, color flow velocity mapping (list separately in addition to CPT code 93308, if performed)	$3.14	Packaged, no separate payment
		Respiratory variation on Doppler flow across left ventricular outflow tract/peripheral arteries	76604	Ultrasound, chest (includes mediastinum), real time with image documentation	$28.61	$108.97

			76775	Ultrasound, retroperitoneal (e.g. renal, aorta, nodes) real time with image documentation; limited	$28.96	$108.97
Lung	COVID Viral Pneumonia Acute Respiratory Distress Syndrome Pneumothorax Pleural Effusion	Identification of pulmonary edema (B-lines) Subpleural consolidations Pleural effusions Lung sliding	76604	Ultrasound, chest (includes mediastinum), real time with image documentation	$28.61	$108.97
Paracentesis	Bleeding complications	Reduced risk for bleeding complications, compared to landmark techniques	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	$107.47	$809.60
Pericardiocentesis	Direct needle damage to the heart	Direct visualization of needle and guide wire to safely place catheter in pericardial space	33016	Pericardiocentesis, including imaging guidance, when performed	$240.41	$1,406.14
Surgical Procedures	General anesthesia requires intubation and aerosolization of Coronavirus	Surgical procedures can be done with ultrasound-guided regional anesthesia and decrease aerosolization exposure risk to health care staff	Various nerve block codes	Anesthesiology Codes		
Thoracentesis	Pneumothorax, increased length of stay and higher costs	Lower risk of lung puncture as compared to landmark techniques	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	$112.36	$541.62

*Source of Information: Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – Final Rule, Addendum B

https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1734-f

Reimbursement rates shown for payment of services under the Physicians Fee Schedule reflect a 2021 conversion factor of $34.8931

†Source: CMS OPPS - https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc

*40.3 - Outpatient Services Treated as Inpatient Services (Rev. 3030, Issued: 08-22-14, Effective: ASC X12: January 1, 2012, ICD-10: Upon Implementation of ICD-10, Implementation: ICD-10: Upon Implementation of ICD-10, ASC X12: September, 23 2014)
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf
When a beneficiary receives outpatient hospital services during the day immediately preceding the hospital admission, the outpatient hospital services are treated as inpatient services if the beneficiary has Part A coverage.

Diagnostic services (including clinical diagnostic laboratory tests) provided to a beneficiary by the admitting hospital, or by an entity wholly owned or wholly operated by the admitting hospital (or by another entity under arrangements with the admitting hospital), within 3 days prior to and including the date of the beneficiary's admission are deemed to be inpatient services and included in the inpatient payment, unless there is no Part A coverage

The CARES Act provided for a 20% add-on to the inpatient prospective payment system (PPS) DRG rate for COVID-19 patients for the duration of the public health emergency. CMS states that it will identify discharges of an individual diagnosed with COVID-19 using the following ICD-10 diagnosis codes:
U07.1 (COVID-19) for discharges occurring on or after April 1, 2020
B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after Jan 27, 2020 and on or before April 30, 2021. Further

coding guidance is available for discharges on or after April 1 and prior to April 1.

For discharges with the diagnosis codes above, CMS will apply an adjustment factor to increase the DRG weight by 20% when determining inpatient PPS operating payments. Inpatient PPS claims for COVID-19 discharges on or after Jan. 27 that are received by CMS before April 21 will be automatically reprocessed to reflect the payment increase. Claims received on or after April 21, 2020 will be processed reflective of the 20% increase.

The information in this handout is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available to Sonosite as of the date listed above. Subsequent guidance might alter the information provided. Sonosite disclaims any responsibility to update the information provided.

It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. Sonosite makes no guarantees concerning reimbursement or coverage. A provider should not rely on any information provided by Sonosite in submitting any claim for payment, without confirming that information with an authoritative source.