



## Frequently Asked Questions - Emergency Medicine

*This guide provides general billing information for emergency ultrasound. SonoSite provides this information as a courtesy to assist providers. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for services rendered. SonoSite makes no guarantees concerning reimbursement or coverage. Please feel free to contact the SonoSite reimbursement staff if you have any questions at 1-888-482-9449.*

### 1. Can Emergency Medicine departments bill for ultrasound services?

Yes - so long as the ultrasound services are medically necessary and documented and meet the requirements of completeness for the specific CPT<sup>1</sup> code that is billed emergency departments should report the ultrasound services they provide to third party payers. Ultrasound codes have two components: the professional component and the technical component. The professional component describes the physician's professional services, including the written interpretation and supervision of the ultrasound study. The technical component covers all costs associated with the actual performance of the study such as equipment, non-physician labor costs and supplies.

Emergency Physicians may report the professional component of ultrasound services (for a detailed list of CPT codes see SonoSite's Ultrasound Reimbursement Guide for Emergency Medicine.) The hospital will submit the technical portion of the service. Physicians may not bill third party payers for technical services provided in the hospital even if they own the equipment.

### 2. Can an Emergency Physician bill for a limited exam if a complete exam is provided by another physician such as a Radiologist on the same day?

Yes - two distinct ultrasound studies may be reported when performed in different exam sessions so long as the medical record supports the medical necessity of each study. If for example, an initial limited exam results in an inconclusive or unexpected finding requiring a complete study both of those services may be reported. However; each ultrasound service must be separately documented and stand on its own merit.

### 3. What are the documentation requirements for ultrasound services?

For each ultrasound service performed the following is needed:

**Written Interpretation.** A separate written interpretation must be completed and maintained in the patient's medical record. The report should include a description of the organs or structures examined, the findings and the indication for the ultrasound service.

In the case of ultrasound guidance studies, the written report may be filed as a separate item in the patient's record or it may be included within the report of the procedure for which the guidance is utilized.

**Image Documentation.** All diagnostic ultrasound examinations, including those when ultrasound is used to guide a procedure, require that permanently recorded images be maintained in the patient record. Images of the relevant anatomy must be captured and stored. The images may be stored in either hardcopy or electronic format and must be available upon request.

### 4. Do I need to be credentialed to bill for ultrasound studies I provide in the Emergency Department?

Insurance carriers typically do not require that physicians performing ultrasound in the Emergency Department be credentialed. However; hospital and emergency departments' credentialing or privileging committees may require that physicians meet specific training guidelines in order to be credentialed to provide ultrasound services.

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