Vascular Access

This guide provides coverage and payment information for the ultrasound guidance of the placement of a vascular access device. SonoSite provides this information as a courtesy to assist providers in determining the appropriate coding and other information for reimbursement purposes. 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.

The CPT® code that is recommended for reporting ultrasound guidance of the placement of a vascular access device is:

+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.

In order to meet the requirements of reporting this CPT code, providers must produce and retain permanent images of the ultrasound study. The images may be maintained in either electronic or hardcopy format. Additionally, a written report of the study should be maintained in the patient record, either as a separate item or within the report for the line placement itself.

The 2014 national average Medicare payment amounts from the Physician's Fee Schedule, are as follows:

- National average payment in 2014 for the global procedure is $36.54
- The global procedure is the combination of the professional and technical services and is typically reported in the physician’s office when all elements of both parts of the service are performed and the physician owns the equipment.
- Payment for the professional service alone is $15.40, which is reported by appending the -26 modifier to the CPT code. Physicians in the hospital inpatient and outpatient settings report the professional service. Physician Assistants, Nurse Practitioners and Certified Nurse Specialists with their own National Provider Identifier (NPI) may also report the professional component. Registered Nurses cannot bill for professional services.

Medicare coverage for +76937 is indicated only for venous access procedures, not arterial access.

Under the Medicare Hospital Outpatient Prospective Payment System for 2014, code +76937 is listed as a packaged service meaning that payment for the facility portion of this service is included in payment for the line placement procedure.

Private payers payment policies and fee schedules are not publicly available. Check with provider representatives to ascertain payment information for this service.

Payment Information

The following chart provides payment information that is based on the national unadjusted Medicare physician fee schedule for the ultrasound services discussed in this guide. Payment will vary by geographic region. Use the "Professional Payment" column to estimate reimbursement to the physician for services provided in facility settings.

Ambulatory Payment Classification (APC) codes and payments are used by Medicare to reimburse under the Hospital Outpatient Prospective Payment System (OPPS). Payment is based on the national unadjusted OPPS amounts for facilities. The actual payment will vary by location.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Descriptor</th>
<th>Medicare Physician Fee Schedule - National Average*</th>
<th>Hospital Outpatient Prospective Payment System (OPPS)†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Global Payment</td>
<td>Professional Payment</td>
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<tr>
<td>+76937</td>
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CPT® five digit codes, nomenclature and other data are Copyright 2013 American Medical Association. All rights reserved. No fee schedule, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.


Reimbursement rates shown for payment of services under the Physicians Fee Schedule reflect a conversion factor of $35.8228.