

EMERGENCY ULTRASOUND CODING GUIDE 2021

CORE EMERGENCY ULTRASOUND CODES

US STUDY	CPT CODE	CPT Description	wRVU 2021
FAST: SCAN FOR HEMOPERICARDIUM AND HEMOPERITONEUM; MAY INCLUDE LUNG US FOR PNEUMOTHORAX	93308	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-Mode recording; follow-up or limited	0.53
	76705	Echography, abdominal, B-scan and/or real time with image documentation, limited (eg, single organ, quadrant, follow-up)	0.59
	76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	0.59
INTRAUTERINE PREGNANCY			
PREGNANT UTERUS, LIMITED (TA)	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	0.65
PREGNANT UTERUS, COMPLETE (TA) < 14 weeks	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, <14 weeks, single	0.99
	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, >14 weeks, single	0.99
PREGNANT UTERUS, COMPLETE (TA) ≥ 14 weeks			
PREGNANT UTERUS TRANSVAGINAL (TV)	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	0.75
ABDOMINAL AORTA (AAA)	76775	Echography, retroperitoneal (eg renal, aorta, nodes); B-scan and/or real time with image documentation; limited	0.58
SCREENING AAA	76705	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm	0.59
ECHOCARDIOGRAPHY, LIMITED	93308	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-Mode recording; follow-up or limited;	0.53
BILIARY, BOWEL	76705	Echography, abdominal, B-scan and/or real time with image documentation, limited (eg, single organ, quadrant, follow-up)	0.59
	76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	0.59
THORACIC, LUNG, OR UPPER BACK			
PELVIC WALL URINARY TRACT/RENAL	76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, limited or follow-up	0.5
	76775	Echography, retroperitoneal (eg renal, aorta, nodes); B-scan and/or real time with image documentation; limited	0.58
POST-VOID RESIDUAL	51798	Measurement of post-voiding residual urine and/or bladder capacity by bladder volume measurement machine	0
BLADDER IMAGING	76857	Imaging of bladder anatomy, including bladder volume measurement using an ultrasound machine	0.5
FOCUSED DVT STUDY	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45
SOFT TISSUE ULTRASOUND			
NECK	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	0.56
MUSCULOSKELETAL (EXTREMITIES, NON-VASCULAR), INCLUDING AXILLA	76882	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation, limited	0.49
CHEST WALL	76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	0.59
BREAST	76642	Ultrasound, breast, B-scan and/or real time with image documentation, limited	0.68
ABDOMINAL WALL OR LOWER BACK	76705	Echography, abdominal, B-scan and/or real time with image documentation, limited (eg, single organ, quadrant, fo	0.59
PELVIC WALL	76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, limited or follow-up	0.5
INFANT HIP	76885	Ultrasound, infant hips, real time with imaging documentation, requiring physician manipulation	0.74
INFANT HIP, LIMITED/STATIC	76886	Ultrasound, infant hips, limited/static nor requiring physician manipulation	0.62
OCULAR	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	0.56
OCULAR FB	76529	Ophthalmic ultrasonic foreign body localization	0.57
MISCELLANEOUS ULTRASOUND	76999	Unlisted ultrasound procedure (ex, diagnostic, interventional)	0
Disclaimer: Changes to this document for 2021 are noted in RED. All codes and wRVU apply to 2021 only and may change in future years.			

ADVANCED EMERGENCY ULTRASOUND CODES 2021 (recommend advanced training)

US STUDY	CPT CODE	CPT Description	wRVU 2021
COMPLETE TRANSTHORACIC ECHO W/DOPPLER	93306	Echocardiography, transthoracic, real-time with image documentation (2D), w/ M-Mode recording, w/ spectral Doppler and color flow Doppler	1.46
COMPLETE TRANSTHORACIC ECHO W/O DOPPLER	93307	Echocardiography, transthoracic, real-time with image documentation (2D), w/ M-Mode recording, w/o spectral Doppler or color flow Doppler	0.92
TRANSTHORACIC ECHO, LIMITED	93308	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-Mode recording; follow-up or limited	0.53
TRANSESOPHAGEAL ECHO	93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	2.3
ADNEXAL PATHOLOGY			
NONPREGNANT UTERUS TA, COMPLETE	76856	Ultrasound, pelvic (nonobstetric), complete B-scan and/or real time image	0.69
NONPREGNANT UTERUS TA, LIMITED	76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, limited or follow-up	0.50
NONPREGNANT NONUTERUS TV	76830	Ultrasound, transvaginal (nonobstetric) and/or real time with image documentation can be used for complete or limited study	0.69
FOCUSED DUPLEX SCAN OF OVARIES OR TESTES FOR TORSION	93976	Duplex scan of arterial inflo and venous outflow of abdominal, pelvic, scrotal contents or retroperitoneal organs; limited or unilateral	0.80
US SCROTUM AND CONTENTS	76870	Ultrasound internal anatomy of scroum and scrotal contents; to evaluate for hydrocele, azoospermia, oligospermia, orchitis and epididymitis	0.64
DVT STUDY, COMPLETE BILATERAL	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70
Disclaimer: Changes to this document for 2021 are noted in RED. All codes and wRVU apply to 2021 only and may change in future years.			

ULTRASOUND GUIDED PROCEDURE CODES 2021

US-GUIDED PROCEDURE	CPT CODE	NOTES	wRVU 2021	ADDITIONAL CPT CODE
US-GUIDED PERICARDIOCENTESIS ²	33016	The old code, 76930 has been deleted. This new code includes pericardiocentesis and image guidance. Requires image of site to be localized but does not require image of needle in site.	4.40	33010
US GUIDED VASCULAR ACCESS PLACEMENT	+76937 ³	Requires written documentation of real-time ultrasound guidance and a representative image but does not require image of needle in site. This is an add-on code and must be used in conjunction with a primary code ³	0.30	36000, 36555, 36556, 36557, 36558
US-GUIDED THORACENTESIS ²	32555	Thoracentesis and aspiration with a needle or catheter without leaving a catheter or needle. Requires image of site to be localized but does not require image of needle in site	2.27	
US-GUIDED PARACENTESIS ²	49083	Requires image of site to be localized but does not require image of needle in site	2.00	
US-GUIDED INSERTION OF A NON-TUNNELED PICC AGE < 5 YO ²	36572	PICC insertion without subcutaneous port including image guidance. Requires image of site to be localized but does not require image of needle in site	1.82	
US-GUIDED INSERTION OF A NON-TUNNELED PICC AGE ≥ 5 YO ²	36573	PICC insertion without subcutaneous port including image guidance. Requires image of site to be localized but does not require image of needle in site	1.7	
MISCELLANEOUS ULTRASOUND-GUIDED PROCEDURE WITHOUT CATHETER - NON ORGAN SPECIFIC ¹	76942	Ultrasound guidance for needle placement (biopsy, aspiration, injection, localization). Requires image of site to be localized but does not require image of needle in site	0.67	
US-GUIDED ABSCESS DRAINAGE ¹	76942		0.67	10160 OR 10061
US-GUIDED PERITONSILLAR ABSCESS DRAINAGE ¹	76942		0.67	42700
US-GUIDED LUMBAR PUNCTURE ¹	76942		0.67	62270
US-GUIDED SUPRAPUBIC ASPIRATION ¹	76942		0.67	51100
US-GUIDED FB REMOVAL ¹	76942		0.67	10120 OR 10121
US-GUIDED JOINT ASPRIATION ²	20604		Arthrocentesis of small joint (fingers, toes)	0.89
	20606	Arthrocentesis of medium joint (TMJ, AC, wrist, elbow, ankle)	1.00	
	20611	Arthrocentesis of large joint (shoulder, hip, knee)	1.10	
ULTRASOUND GUIDED REGIONAL NERVE BLOCKS				
FEMORAL ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64447
BRACHIAL PLEXUS (includes interscalene, supraclavicular, infraclavicular, axillary, and intercostal nerve blocks) ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64415 (brachial plexus); 64417 (axillary), 64418 (suprascapular), 64420/64421 (intercostal)
ULNAR ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64450
RADIAL ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64450
SCLATIC ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64445
SAPHENOUS ¹	76942	Requires image of site to be localized but does not require image of needle in site	0.67	64450

1. These codes are imaging codes only. They do not include the charge for the surgical procedure.

2. These codes include both the imaging code, as well as the surgical procedural code.

3. CMS designated add-on codes are procedures that are performed in conjunction with another primary procedure/service. These are designated by the "+" symbol in front of the code. Eg. placing a catheter in the vein is billed with ultrasound guided vascular access placement and coded as: 36000 +76937

ULTRASOUND GUIDED PROCEDURE (LEAVING A CATHETER IN PLACE) CODES 2021

US-GUIDED PROCEDURE	CPT CODE NOTES	wRVU 2021
US-GUIDED THORACENTESIS	32557 Thoracentesis and catheter placement, with U/S guidance. Requires image of site to be localized but does not require image of the needle in site	3.12
US-GUIDED PERICARDIOCENTESIS	33017 Percutaneous pericardial drainage and catheter placement, with U/S guidance; ≥ 6 y/o. Requires image of site to be localized but does not require image of the needle in site	4.62
IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATHETER, SOFT TISSUE	10030 (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous, includes moderate sedation when used. Must leave catheter in place for drainage. Requires image of site to be localized but does not require image of needle in site	2.75
IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATHETER, VISCERAL PERCUTANEOUS	49405 (eg, abscess, hematoma, seroma, lymphocele, cyst), visceral (eg, bladder), percutaneous, includes moderate sedation when used. Must leave catheter in place for drainage. Requires image of site to be localized but does not require image of needle in site	4
IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATHETER, PERITONEAL/RETROPERITONEAL PERCUTANEOUS APPROACH	49406 (eg, abscess, hematoma, seroma, lymphocele, cyst), peritoneal/retroperitoneal percutaneous, includes moderate sedation when used. Must leave catheter in place for drainage. Requires image of site to be localized but does not require image of needle in site.	4
IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATHETER, PERITONEAL/RETROPERITONEAL TRANSVAGINAL/TRANSRECTAL APPROACH	49407 (eg, abscess, hematoma, seroma, lymphocele, cyst), peritoneal/retroperitoneal transvaginal/transrectal includes moderate sedation when used. Must leave catheter in place for drainage.	4.25
Disclaimer: Changes to this document for 2021 are noted in RED. All codes and wRVU apply to 2021 only and may change in future years.		

SEPARATELY BILLABLE CPT CODES FOR ULTRASOUND GUIDED PROCEDURES (in numerical order)

CPT CODE	DESCRIPTION	wRVU 2021
10060	INCISION AND DRAINAGE OF ABSCESS SIMPLE	1.22
10061	INCISION AND DRAINAGE OF ABSCESS COMPLICATED	2.45
10120	INCISION AND REMOVAL FOREIGN BODY SIMPLE	1.22
10121	INCISION AND REMOVAL FOREIGN BODY COMPLICATED	2.74
10160	ASPIRATION/PUNCTURE OF ABSCESS	1.25
36000	VENIPUNCTURE OR CATHETER PLACEMENT AND INJECTION PROCEDURE	0.18
36010	CATHETER PLACED IN SVC OR IVC; NO PICC OR CENTRAL VENOUS CATHETER	2.18
36410	VENIPUNCTURE, AGE ≥ 3, REQUIRING THE EXPERTISE OF A PHYSICIAN OR OTHER QUALIFIED PROVIDER*	0.18
36555	INSERTION OF NON-TUNNELED CENTRAL VENOUS CATHETER AGE < 5 YO	1.93
36556	INSERTION OF A NON-TUNNELED CENTRAL VENOUS CATHETER AGE ≥ 5 YO	1.75
42700	DRAINAGE OF TONSIL OR PERITONSILLAR ABSCESS	1.67
51100	ASPIRATION OF BLADDER BY NEEDLE	0.78
76942	REGIONAL NERVE BLOCKS (U/S GUIDED NEEDLE PLACEMENT) - SEE "U/S GUIDED PROCEDURE CODES" CHART FOR MORE DETAIL	0.67
62270	DIAGNOSTIC LUMBAR PUNCTURE	1.22

*not to include jugular or femoral veins and not routine venipuncture

Note: These “Separately Billable CPT Codes” should be used in addition to the “US Guided Procedure Codes” when US guidance is used

DO NOT USE THE FOLLOWING CODES WHEN PERFORMING AN ULTRASOUND GUIDED PICC WITH THE ADD ON +76937

INSTEAD USE 36572 AND 36573 FOR PICC WITH IMAGE GUIDANCE

36568#	INSERTION OF A NON-TUNNELED PICC AGE < 5 YO WITHOUT IMAGE GUIDANCE	2.11
36569#	INSERTION OF A NON-TUNNELED PICC AGE ≥ 5YO WITHOUT IMAGE GUIDANCE	1.90

Disclaimer: wRVU Changes for 2021 are noted in RED. All codes and wRVU apply to 2021 only and may change in future years.