

EMERGENCY ULTRASOUND CODING GUIDE 2018

CORE EMERGENCY ULTRASOUND CODES

US STUDY	CPT CODE	CPT Description	wRVU 2018
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	0.55
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 or first gestation; complete	0.99
PREGNANT UTERUS COMPLETE (TA) ≥ 14 weeks	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, ≥14 weeks, single, or first gestation; complete	0.99
PREGNANT UTERUS TRANSVAGINAL (TV)	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	0.75
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
CARDIAC	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
THORACIC, LUNG, OR UPPER BACK	76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	0.55
PELVIC WALL	76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation, limited or follow-up	0.5
URINARY TRACT/RENAL	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	0.55
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, follow-up)	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, STATIC	76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not 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
Note: Changes for 2018 are noted in RED			

ADVANCED EMERGENCY ULTRASOUND CODES 2018 (recommend advanced training)

US STUDY	CPT CODE	CPT Description	wRVU 2018
ADVANCED ECHO	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	2.30
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
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ULTRASOUND GUIDED PROCEDURE CODES 2018

US-GUIDED PROCEDURE	CPT CODE	NOTES	wRVU 2018	ADDITIONAL CPT CODE
US-GUIDED PERICARDIOCENTESIS ¹	76930	Requires image of site to be localized but does not require image of needle in site.	0.00	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	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	
MISCELLANEOUS ULTRASOUND-GUIDED PROCEDURE WITHOUT CATHETER - NON ORGAN SPECIFIC ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	
US-GUIDED ABSCESS DRAINAGE ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	10160 OR 10061
US-GUIDED PERITONSILLAR ABSCESS DRAINAGE ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	42700
US-GUIDED LUMBAR PUNCTURE ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	62270
US-GUIDED SUPRAPUBIC ASPIRATION ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	51100
US-GUIDED FB REMOVAL ¹	76942	Requires image of site to be localized but does not require image of needle in site.	0.67	10120 OR 10121
US-GUIDED JOINT ASPRIATION ²	20604	Arthrocentesis of small joint	0.89	
	20606	Arthrocentesis of medium joint	1.00	
	20611	Arthrocentesis of large joint	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
SCIATIC 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 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: 36010, +76937

ULTRASOUND GUIDED PROCEDURE (LEAVING A CATHETER IN PLACE) CODES 2018

US-GUIDED PROCEDURE	CPT CODE	NOTES	wRVU 2018
US-GUIDED THORACENTESIS	32557	Thoracentesis and catheter placement. Requires image of site to be localized but does not require image of the needle in site.	3.12
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.	4.00
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.	4.00
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
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SEPARATELY BILLABLE CPT CODES FOR ULTRASOUND GUIDED PROCEDURES (in numerical order)

CPT CODE	DESCRIPTION	wRVU 2018
10120	INCISION AND REMOVAL FOREIGN BODY SIMPLE	1.22
10121	INCISION AND REMOVAL FOREIGN BODY COMPLICATED	2.74
10160	INCISION AND DRAINAGE OF ABSCESS SIMPLE	1.25
10061	INCISION AND DRAINAGE OF ABSCESS COMPLICATED	2.45
33010	PERICARDIOCENTESIS, INITIAL	1.99
36000	PLACE NEEDLE IN VEIN	0.00
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
36568	INSERTION OF A NON-TUNNELED PICC AGE <5 YO	1.67
36569	INSERTION OF A NON-TUNNELED PICC AGE ≥ 5YO	1.70
42700	DRAINAGE OF TONSIL OR PERITONSILLAR ABSCESS	1.67
51100	ASPIRATION OF BLADDER BY NEEDLE	0.78
62270	DIAGNOSTIC LUMBAR PUNCTURE	1.37

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