



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2016

Payment for Ultrasound Services in the Emergency Department

Originally approved
June 2016

The American College of Emergency Physicians (ACEP) believes that emergency physicians have the training and expertise to perform and interpret diagnostic ultrasound examinations and ultrasound guidance procedures in the emergency department (ED) setting and should be fairly paid for providing those services. ACEP recognizes clinical ultrasonography as a modality that provides clinically significant data not obtainable by inspection, palpation, auscultation, or other components of the physical examination. Clinical ultrasonography is a distinct clinical modality, not an adjunct to or extension of the physical examination such as a hand held portable device (e.g. a pocket Doppler).

AMA current procedural terminology (CPT) clearly indicates that the actual performance and/or interpretation of ultrasound studies performed during a patient encounter are not included in the levels of evaluation and management (E/M) service and may be separately reported:

“The actual performance and/or interpretation of diagnostic tests/studies ordered during a patient encounter are not included in the levels of E/M services. Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The physician’s interpretation of the results of diagnostic tests/ studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code with modifier 26 appended.”

Emergency physician use of ultrasound provides timely and cost efficient means to accurately diagnosis ED presenting illness and injury in order to provide higher quality lower cost care. ED ultrasound use can often reduce the need for more expensive studies such as CTs or MRIs and reduce unnecessary admissions for more comprehensive diagnostic work ups. Ultrasound use in the ED should be appropriately recognized and fairly compensated.