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## **2012 Coding and Reimbursement Update**

The following are updates to the 2009 Ultrasound Coding and Reimbursement Document:

### **1. Vascular access 76937**

In reviewing the requirements for ultrasound guidance for vascular access, CPT requires the following: “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.” We interpret this as requiring an image of the target vessel, but not necessarily an image of the needle in the vessel as it is entering. We believe obtaining an image of the needle as it is entering the vessel poses unacceptable risks to the patient as it would require the solo operator to take his or her attention away from the procedure in order to obtain an image. We recommend permanent recording of the selected vessel or of the needle entering the vessel when this is feasible and safe, while using a procedure note to document the procedure was performed with concurrent real-time visualization.

### **2. Non-vascular extremity ultrasound 76881 and 76882**

Starting January 1, 2011 CPT phased out 76880 and replaced it with two new codes:

- 76881- non-vascular extremity complete: includes muscles, tendons, joints, soft tissue, and any other identifiable abnormality
- 76882- non-vascular extremity limited: includes report on specific anatomic structure such as a soft tissue mass, specific tendon.

Emergency ultrasounds to evaluate for foreign bodies, abscess, tendon laceration as well as other focused area of an extremity would be appropriately coded for with 76882.

### **3. Bladder imaging 76857 vs non-imaging 51798 clarification**

51798: Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

Many hospitals and emergency departments now utilize a three-dimensional volumetric probe (ex. The Bladderscan) to measure bladder volumes. The mechanical probe auto-steers to obtain consecutive sectional images of the bladder and automatically calculates a volume. There is no ultrasound image of the bladder

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produced to evaluate for abnormalities such as bladder diverticula, enlarged prostate, or bladder mass. For these types of instruments which do not produce ultrasound images and are used solely to obtain a bladder volume, the 51798 code is appropriate.

76857 should be utilized when an actual image of the bladder is obtained and evaluated for abnormalities. For example, in addition to reporting on post-residual volume, one would be expected to comment on the presence of bladder diverticula when present.

#### **4. Multiple Procedure Payment Reduction (MPPR) 2012**

Reimbursement for serial ultrasounds within the same family is expected to decrease due to the Final CMS OPSS Rule/MPPR starting January 1, 2012. Medicare will initiate a 25% reduction in Pro Fees for multiple imaging within an Imaging Family on the same day by same provider. The imaging family relative to emergency ultrasound is listed below. Medicare will scan for the presence of these codes and adjust reimbursement accordingly. A distinct procedural service (-59 modifier) may be applied judiciously when a distinct exam is performed for disparate clinical reasons: ex. chest ultrasound for abscess and abdominal ultrasound for gallstones.

### **TABLE 8.—OPPS IMAGING FAMILIES AND MULTIPLE IMAGING PROCEDURE COMPOSITE APCs**

#### **Family 1 - Ultrasound**

**CY 2012 APC 8004 (Ultrasound Composite) CY 2012 Approximate APC Median Cost = \$192**

76604 Us exam, chest  
76700 Us exam, abdom, complete  
76705 Echo exam of abdomen  
76770 Us exam abdo back wall, comp  
76775 Us exam abdo back wall, lim  
76776 Us exam k transpl w/Doppler  
76831 Echo exam, uterus  
76856 Us exam, pelvic, complete  
76870 Us exam, scrotum  
76857 Us exam, pelvic

#### **5. Paracentesis/Peritoneal lavage with ultrasound guidance codes**

As of January 1, 2012, Ultrasound guided paracentesis is no longer coded for with CPT 76942 . The following are the appropriate codes for paracentesis:

49083--Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance (including ultrasound)  
49084--Peritoneal lavage, including imaging guidance, when performed

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**Respectfully submitted,**

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