

Note: Changes are in red below

Table 11-3. Common Point-of-Care Procedures

76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76604	Ultrasound, chest (includes mediastinum when performed), real time with image documentation
76700	Ultrasound, abdominal, real time with image documentation; complete
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles, presence of urine in bladder)
76870	Ultrasound, scrotum and contents ^a
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures), real-time with image documentation
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)
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 (List separately in addition to code for primary procedure.)
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study ^a

^a Evaluation of vascular structures using both color and spectral Doppler is separately reportable. However, color Doppler alone, when performed for anatomic structure identification in conjunction with a real-time ultrasound examination, is not reported separately.

Beside ultrasound services in the ED are reported by the physician with the professional service only modifier (26). (See Modifiers Used With ED Codes later in this chapter for more information.) The technical component (eg, equipment cost, facility overhead costs) is typically reported by the facility. (Payers may limit physicians to reporting of the professional component only for all facility-based services even if the physician performs the ultrasound and/or owns the equipment used for the service. The technical component includes all associated overhead costs. Check individual payer policies for reporting.)

One use of point-of-care ultrasound in the ED is the focused assessment with sonography for trauma (FAST) examination. This may consist of 2 distinct components: limited transthoracic echocardiogram and limited abdominal ultrasound. When 2 distinct procedures are performed, 2 codes are reported.

- 76705** Ultrasound, abdominal, real-time with image documentation; limited
- 93308** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study