

Appendix

Emergency Medicine POCUS CPT/Billing Codes & Procedure Notes

1. Important Terms

- a. ICD-10 – 10th revision of the International Statistical Classification of Diseases
 - i. Represents medical necessity for specific CPT codes
 - ii. Determined by coder chart review and final diagnoses
- b. CPT – Current Procedural Terminology (Code) – specific codes for various procedures
- c. Modifier – numerical addition to CPT code indicating which component you provided
 - i. PC – Professional Component – (physicians work or involvement)
 - ii. TC – Technical Component – (hospital cost of equipment & supplies)
 - iii. If modifier is not included, the scan will be billed as a complete scan – both the PC & TC, not a limited scan

2. Important Codes for Emergency Medicine

- a. Modifier “- 26” – PC for EM Physician performing and interpreting scan
- b. 20600 – Arthrocentesis procedures
 - i. 20604 – Small joint
 - ii. 20606 – Medium Joint
 - iii. 20611 – Large Joint
- c. 36000 – Intravenous introduction and injection procedure
 - i. 36555 – Insertion of non-tunneled central venous catheter (CVC)
 - ii. 36563 – Insertion of central venous access device (cordis)
 - iii. 36620 – Arterial catheterization or cannulation for monitoring or transfusion (Art Line)
 - iv. Add 76937 to any of these to indicate use of ultrasound guidance
- d. 64447 – Injection of anesthetic agent or steroid
- e. 76512 – Limited Ophthalmologic Ultrasound
- f. 76536 – Diagnostic Ultrasound Procedure of the Soft Tissue of Head & Neck
- g. 76604 – Limited Ultrasound of the Chest
- h. 76775 – Limited Retroperitoneal Ultrasound (Aorta)
- i. 76805 – Limited Pelvic Ultrasound Pregnant Uterus
- j. 76857 – Limited Pelvic Ultrasound (non-obstetric)
- k. 76880 – Non Vascular Extremity Ultrasound

- l. 76882 – Diagnostic Ultrasound Procedure of Extremity
- m. 76886 – Diagnostic Ultrasound Procedure of Infant Hip
- n. 76937 – Ultrasound Guidance Procedures (specific to venous access only)
- o. 76942 – Ultrasound Guidance Procedures (general code – soft tissue)
- p. 93308 – Limited Cardiac Ultrasound
- q. 93971 – Duplex scan of Extremity Veins including responses to compression and other maneuvers

3. Basic requirements for procedure notes**

- a. Reason for ultrasound
- b. Type of ultrasound performed
- c. Relevant CPT codes (if available)
- d. Detailed report of findings
- e. Final Impression (separate from detailed findings)
- f. Who interpreted the ultrasound
- g. Date of service
- h. Where images are stored / recorded

**Cut and paste these notes and modify then according to the specific procedure performed

Sample Procedure Notes

EFAST Exam – Normal

Limited Diagnostic Exam: Limited Abdomen, Limited Chest, Limited Cardiac

CPT: 76705-26, 76604-26, 93308-26

Patient Identity confirmed: Yes

Indication for exam: Trauma

Views & Findings:

Hepatorenal (RUQ): No Free Fluid Identified

Right Pleural Space: No Free Fluid Identified

Perisplenic (LUQ): No Free Fluid Identified

Left Pleural Space: No Free Fluid Identified

Suprapubic: No Free Fluid Identified

Pericardium: No Pericardial Effusion Identified

Right Anterior Chest Wall: Pleural Sliding Present

Left Anterior Chest Wall: Pleural Sliding Present

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of cardiac, chest, and abdomen limited / EFAST US: In this traumatic patient with good lung sliding there does not appear to be a pneumothorax; with no pericardial effusion there does not appear to be pericardial tamponade; and with no free fluid intra abdominally there does not appear to be intra-abdominal hemorrhage.

Performed by ***

FAST Exam - Normal

Limited Diagnostic Exam: Limited Abdomen, Limited Cardiac

CPT: 76705-26, 93308-26

Patient Identity confirmed: Yes

Indication for exam: Trauma

Views & Findings:

Hepatorenal (RUQ): No Free Fluid Identified

Perisplenic (LUQ): No Free Fluid Identified

Suprapubic: No Free Fluid Identified

Pericardium: No Pericardial Effusion Identified

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of cardiac and abdomen limited / FAST US: In this traumatic patient with no pericardial effusion there does not appear to be pericardial tamponade; and with no free fluid intra abdominally there does not appear to be intra-abdominal hemorrhage.

Performed by ***

Thorax Exam – Normal

Limited Diagnostic Exam: Limited Chest/Thoracic/Lung, Limited Cardiac Ultrasound

CPT: 76604-26, 93308-26

Patient Identity confirmed: Yes

Indication for exam: Shortness of breath, chest pain

Views & Findings:

Cardiac: Parasternal Long, Parasternal Short, Apical 4 Chamber, Subxyphoid,

IVC: Normal EF, No pericardial effusion, Normal IVC, No right heart strain

Thoracic: Right and Left Anterior Chest/Lung, Left and Right Lateral Chest/Lung,

PLAPS: Normal A lines, No B-lines, No Pleural effusions, Normal lung slide

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of thoracic & cardiac limited Thorax US: CARDIAC - Normal Cardiac US. No signs of Cardiac Tamponade, No signs of Acute Decompensated Heart Failure, Normal Volume Status. THORACIC/LUNG - In this patient with shortness of breath but with good lung sliding, absent b-lines, and no effusions, there does not appear to be a pneumothorax, pulmonary edema, or pleural effusions.

Performed by ***

Limited Cardiac Exam (TTE) – Normal

Limited Diagnostic Exam: Limited Cardiac Ultrasound

CPT: 93308-26

Patient Identity confirmed: Yes

Indication for exam: Shortness of breath, chest pain

Views & Findings:

(TTE) Parasternal Long, Parasternal Short, Apical 4 Chamber, Subxyphoid,

IVC: Normal EF, No pericardial effusion, Normal IVC, No right heart strain, Grossly normal EF by global function estimation

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of cardiac limited US: Normal Cardiac US. No signs of Cardiac Tamponade, No signs of Acute Decompensated Heart Failure, Normal Volume Status..

Performed by ***

Limited Lung Exam – Normal

Limited Diagnostic Exam: Limited Chest Ultrasound

CPT: 76604-26

Patient Identity confirmed: Yes

Indication for exam: Shortness of breath, chest pain

Views & Findings:

Thoracic: Right and Left Anterior Chest/Lung, Left and Right Lateral Chest/Lung,

PLAPS: Normal A lines, No B-lines, No Pleural effusions, Normal lung slide, No pleural thickening, No consolidations

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of thoracic limited / lung US: In this patient with shortness of breath but with good lung sliding, absent b-lines, and no effusions, there does not appear to be a pneumothorax, pulmonary edema, or pleural effusions, or signs of pneumonia.

Performed by ***

RUSH Exam (Rapid Ultrasound in Shock and Hypotension – Normal)

Limited Diagnostic Exam: Limited Abdomen, Limited Cardiac, Limited Chest, Limited Retroperitoneal US (including Aorta)

CPT: 76705-26, 93308-26, 76604-26, 76775-26

Patient Identity confirmed: Yes

Indication for exam: Undifferentiated Shock or Hypotension

Views & Findings:

Cardiac: Parasternal Long, Parasternal Short, Apical 4 Chamber, Subxyphoid,

IVC: Normal EF, No pericardial effusion, Normal IVC, No right heart strain

Thoracic: Right and Left Anterior Chest/Lung, Left and Right Lateral Chest/Lung:

Normal lung slide, no pleural effusion or hemothorax

Abdominal: RUQ, LUQ, Pelvic Short & Long Axis: No free fluid in any portion

Aorta: Proximal, Mid, Distal, Long Axis: Normal diameter, no aneurysmal dilations

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of abdomen, cardiac, thoracic/lung, aorta limited “RUSH” US: Negative RUSH exam. CARDIAC: No sign of cardiogenic shock or ADHF. No Cardiac Tamponade. No signs of hypovolemia. THORACIC/LUNG: No tension pneumothorax. No massive PE. ABDOMEN: No gross free fluid. AORTA: No AAA. OVERALL: UNDERLYING CAUSE OF SHOCK IS MOST LIKELY *** ((***Alternate Interpretation: Patient with hyperdynamic EF, collapsible IVC. No signs cardiogenic shock. No signs of massive PE, pneumothorax, or cardiac tamponade. No signs of ruptured AAA or intraabdominal free fluid. POCUS is consistent with hypovolemic vs distributive (septic) shock.))

Limited Abdominal Ultrasound – Normal

Limited Diagnostic Exam: Limited Abdomen Ultrasound

CPT: 76705-26

Patient Identity confirmed: Yes

Indication for exam: Abdominal pain, Distension, cirrhosis, etc

Views & Findings:

Hepatorenal (RUQ): No Free Fluid Identified

Perisplenic (LUQ): No Free Fluid Identified

Suprapubic: No Free Fluid Identified

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of abdomen limited US: In this patient with no free fluid intra abdominally there does not appear to be intra-abdominal hemorrhage.

Performed by ***

Appendix Ultrasound – Normal

Limited Diagnostic Exam: Limited Abdomen Ultrasound

CPT: 76705-26

Patient Identity confirmed: Yes

Indication for exam: RLQ Abdominal pain

Views & Findings:

Abdominal (RLQ – Long & Short Axis):

No thickened tubular structure, no free fluid, no lymphadenopathy

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of limited abdomen / appendix US: In this patient the POCUS shows no free fluid or signs of acute appendicitis

Performed by ***

Bowel Ultrasound – Normal

Limited Diagnostic Exam: Limited Abdomen Ultrasound

CPT: 76705-26

Patient Identity confirmed: Yes

Indication for exam: Abdominal pain, Abd Distention

Views & Findings:

Abdominal Long & Short Axis covering entire abdomen including: RUQ, RLQ,

Epigastrium, Periumbilical, Suprapubic, LUQ, LLQ: No dilated loops of small bowel, no thickened small bowel wall, no free fluid, No tanga sign

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of limited abdomen / bowel US: POCUS shows no signs of small bowel obstruction. No free fluid.

Performed by ***

RUQ Biliary Limited Ultrasound – Normal

Limited Diagnostic Exam: Limited Abdomen Ultrasound

CPT: 76705-26

Patient Identity confirmed: Yes

Indication for exam: RUQ abdominal pain, hyperbilirubinemia, jaundice, pancreatitis, etc.

Views:

Gallbladder short and long axis: Normal GB, not distended, no stones or sludge, no free fluid, not thickened, no pain with compression (negative Murphy's sign)

Gallbladder wall measurement: Normal thickness - ***mm

Common bile duct S & L axis: Normal diameter - ***mm

RUQ view / Morisson's pouch: No free fluid

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of limited abdomen / RUQ biliary limited US: Normal Biliary US. The absence of pericholecystic fluid, Murphy's sign or gallbladder wall thickening indicates no signs of acute cholecystitis. The absence of stones or CBD dilation indicate no biliary obstruction.

Performed by ***

Limited Diagnostic Exam: Renal & Bladder – Normal

Limited Diagnostic Exam: Limited Retroperitoneal Ultrasound

CPT: 76775-26

Patient Identity confirmed: Yes

Indication for exam: Flank and/or suprapubic pain

Views:

Kidneys - Right and Left Short and Long Axis: No hydronephrosis bilaterally

Bladder - Short and Long Axis: Normal size, not distended, volume measured at ***cc, bilateral ureteral jets present

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of abdomen limited / Renal and Bladder US: In this patient with bladder retention feeling, the bladder volume found indicates *** retention. There is no hydronephrosis noted so do not believe there is an obstructive uropathy.

Performed by ***

Limited Pelvic Ultrasound, Obstetric – Normal

Limited Diagnostic Exam: US Pelvis/Obstetrical / Transabdominal

CPT: 76815-26 (* if also imaging adnexa – use 76805)

Patient Identity confirmed: Yes

Indication for exam: Suprapubic pain, pelvic pain, vaginal bleeding, pregnancy

Views & Findings:

Transabdominal pelvic short and long axis of the uterus: Intrauterine pregnancy seen with normal fetal movement & FHR***.

*R. Adnexa: no obvious ectopic mass w/ heartbeat

*L. Adnexa: no obvious ectopic mass w/ heartbeat

Recto-uterine pouch: No signs of free fluid

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of pelvic limited / TA pregnant uterus US: Exam consistent with intrauterine pregnancy with normal fetal heart rate & fetal movement. No signs of pelvic free fluid.

Performed by ***

Limited Ocular Ultrasound – Normal

Limited Diagnostic Exam: Limited Ophthalmologic Ultrasound

CPT: 76512-26

Patient Identity confirmed: Yes

Indication for exam: Blurry vision, headache, etc

Views & Findings:

Long and short axis of right and left eye with linear probe:

Right Eye: anatomy identified, no pathology noted

Right Retinal Contour: no abnormalities noted, normal contour

Right Lens: Lens in normal position

Right vitreous body: clear vitreous body, no abnormalities noted

Right optic nerve sheath diameter (mm): less than 5.5mm

Right Ocular Foreign Body: none noted

Left Eye: anatomy identified, no pathology noted

Left Retinal Contour: no abnormalities noted, normal contour

Left Lens: Lens in normal position

Left vitreous body: clear vitreous body, no abnormalities noted

Left optic nerve sheath diameter (mm): less than 5.5mm

Left Ocular Foreign Body: none noted

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of ocular limited US: In this patient with ***, there is no obvious retinal flap or intraocular material consistent with blood, do not believe the patient has a vitreous hemorrhage. Likewise there are no findings to suggest lens dislocation, foreign body, or papilledema / increased ICP

Performed by ***

Limited DVT Ultrasound – Normal

Limited Diagnostic Exam: Limited Duplex Scan of Extremity Veins Ultrasound

CPT: 93971-26

Patient Identity confirmed: Yes

Indication for exam: Leg pain and swelling

Location: (left or right leg)

Views & Findings:

CFV, GSV, Superficial FV, Deep Femoral Vein, Popliteal Vein:

R/L Saphenofemoral junction: compressible / normal color flow

R/L Common Femoral Vein: compressible / normal color flow

R/L Femoral Vein: compressible / normal color flow

R/L Popliteal Vein: compressible / normal color flow

R/L Popliteal Trifurcation: compressible / normal color flow

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of lower extremity limited US: In this patient with leg *** there is good compressibility noted so there is not believed to be a DVT.

Performed by ***

Peripheral Venous Access with Ultrasound Guidance

Limited Diagnostic Exam: Ultrasound Guidance Procedures & IV Procedure

Patient Identity confirmed: Yes

Indication for exam: Venipuncture requiring physician skill with ultrasound guidance

CPT: 76937 (venous access only), 36000 (IV Introduction & Injection Procedure)

Risks, benefits and alternatives were discussed

Consent given by: ***

Vein Location: ***

Procedure: Vein was identified on Point-Of-Care Ultrasound. Site was cleaned with Chloraprep. Sterile Tegaderm covering was used and single use sterile gel packet. A *** gauge needle was placed using ultrasound guided needle technique into *** Vein. Blood return and IV flushed without difficulty.

Number of Attempts: ***

Successful Catheter Insertion: ***

Complications: ***

Views & Findings: *** Vein in short access, scanned distal to proximal - Normal Compressibility and Visualized Patency

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of vascular access US: In this patient with a need for IV access, a vein with good compressability was identified, and then successfully cannulated for IV access.

Performed by *

Limited Soft Tissue Ultrasound / Muskuloskeletal

Limited Diagnostic Exam: Limited Exam of specific anatomic structure / Diagnostic procedure of:

CPT: Depends on the Location

- Head & Neck (76536)
- Extremities (76882) including Axilla
- Chest (76604) wall and soft tissues
- Abdominal wall and lower back (76705)
- Pelvis (76857) nonobstretic (including wall)
- Infant hip, static (76886)

Patient Identity confirmed: Yes

Indication for exam: Mass, swelling

Views & Findings:

Long and short axis of soft tissue with linear probe: Normal underlying soft tissue – OR-- Complex fluid with well demarcated wall with surrounding cobblestoning. No flow with color Doppler

Other Findings: None

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of soft tissue/msk limited US: In this patient with *** and the findings appear (cobblestoning, hypoechoic fluid, other ***) would correlate to ***(infection, cellulitis, abscess, other***) –OR-- No signs of injury, effusion, or foreign body. –OR--

Performed by ***

Ultrasound Guided Fascia Iliaca Block (or any nerve block – change text)

Limited Diagnostic Exam: Regional Anesthesia block – femoral nerve, lateral femoral cutaneous, and obturator nerves

CPT: 76942-26, 64447-26

Patient Identity confirmed: Yes

Indication for exam: Hip fracture and pain control

Location: ***

Procedure:

*** femoral nerve and fascia iliaca were identified via ultrasound. The location was sterilized in standard fashion. *** mg of Ropivacaine, *** mg of Lido with epi, and mixed with sterile saline for a total of *** mLs. Using sterile procedure, anesthetic was placed in the fascia iliaca plane and around the femoral nerve under direct ultrasound needle guidance. Good hydrodissection and in-plane needle was seen the entire time. No blood returned with aspiration. All vessels were avoided. Patient was on the monitor the entire time with no arrhythmia. No signs of toxicity. Intralipid was available if required. Patient reports significant improvement of pain after the procedure.

Image Documentation: Images are saved in*** (QPATH, etc)

Interpretation of regional anesthesia limited US: Neurovascular bundle visualized, target nerve isolated with hydrodissection, pain control achieved as intended

Performed by ***

ADD THESE TO YOUR PROCEDURE NOTES IF US GUIDANCE WAS USED

General Procedure Code – 76942 + _____

ULTRASOUND GUIDED ARTHROCENTESIS

Small Joint (20604)

Medium Joint (20606)

Large Joint (20611)

POCUS IMAGES SAVED TO *** (or not saved)

ULTRASOUND GUIDED PARACENTESIS (49083)

POCUS IMAGES SAVED TO *** (or not saved)

ULTRASOUND GUIDED THORACENTESIS (32555)

POCUS IMAGES SAVED TO *** (or not saved)

ULTRASOUND GUIDED CENTRAL LINE (+76937)

POCUS IMAGES SAVED TO *** (or not saved)

ULTRASOUND GUIDED ARTERIAL LINE (+76937)

POCUS IMAGES SAVED TO *** (or not saved)