

# Anesthesiology Reimbursement Guide

This guide provides coverage and payment information for diagnostic ultrasound and related ultrasound guided procedures. This information was obtained from third-party sources and is subject to change without notice, as Medicare and other payers may change their reimbursement policies at any time. This document is for educational purposes only. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for service rendered and to ensure any services provided to patients and submitted for reimbursement are medically necessary. EchoNous, Inc. makes no guarantees concerning reimbursement or coverage. If you have questions related to how to bill for these services appropriately, please contact your own reimbursement staff or the patient's insurer, as EchoNous, Inc. cannot provide specific reimbursement guidance.

## Payment Information

The below chart reflects payments based on the 2020 national unadjusted Medicare Physician Fee Schedule for Anesthesia services and procedures with ultrasound. The actual reimbursement will vary by the location. The Global Payment Column reflects the reimbursement for services performed in an office setting. For services in the hospital, both inpatient and outpatient, or in an Ambulatory Surgical Center (ASC) please refer to the Professional Payment Column. For diagnostic ultrasounds performed in either the Outpatient Hospital or ASC settings, the facility will receive the reimbursement reflected in the APC column.

CPT Code	CPT Code Descriptor	2020 Medicare Physician Fee Schedule — National Average*			2020 Hospital Outpatient Prospective Payment System (OPPS) <sup>†</sup>	
		Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration injection, localization device), imaging supervision and interpretation	\$58.47	\$32.48	\$25.98	Packaged Service	No Payment
+76937	Ultrasonic guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	\$37.17	\$14.80	\$22.38	Packaged Service	No Payment
93308	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording; when performed, follow up or limited study	\$100.69	\$26.35	\$74.34	5523	\$233.04
+93321	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); follow up or limited study	\$27.07	\$7.58	\$19.49	Packaged Service	No Payment
+93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$25.26	\$3.25	\$22.01	Packaged Service	No Payment

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\* Source of Information: Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – Final Rule, Addendum B

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

Reimbursement rates shown for payment of services under the Physicians Fee Schedule reflect a 2020 conversion factor of \$36.0896

† Source: CMS OPPS –

<https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn>

**Please use this Reimbursement Information in conjunction with the KOSMOS Reimbursement Guide.**

Disclaimer: The information in this handout is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available to EchoNous, Inc. of the date listed above. Subsequent guidance might alter the information provided. EchoNous disclaims any responsibility to update the information provided.

It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. A provider should not rely on any information provided by EchoNous in submitting any claim for payment, without confirming that information with an authoritative source.



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