

Emergency Medicine 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.

The below chart reflects 2020 unadjusted national Medicare physician fee schedule for professional services in the Emergency Department. For the facility, outpatient technical components, the 2020 national unadjusted Outpatient Prospective Payment System (OPPS) rates are provided. Actual payments will vary by location.

| CPT Code | CPT Code Descriptor | 2020 Medicare Physician Fee Schedule – National Average* | 2020 Hospital Outpatient Prospective Payment System (OPPS)† | |
|----------|---|--|---|---------------------|
| | | Professional Payment | APC Code | APC Payment |
| 76604 | Ultrasound, chest, (includes mediastinum) real time with image documentation. | \$29.59 | 5522 | \$112.08 |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (e.g., single organ, quadrant, follow-up) | \$29.95 | 5522 | \$112.08 |
| 76775 | Ultrasound retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited | \$29.59 | 5522 | \$112.08 |
| +76937 | Ultrasonic 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 | \$14.80 | Packaged Service | No Separate Payment |
| 76942 | Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection localization device), imaging supervision and interpretation | \$32.48 | Packaged Service | No Separate Payment |
| 93308 | Echocardiography, transthoracic, real time with image documentation (2D) | \$26.35 | 5523 | \$233.04 |

CPT® five-digit codes, nomenclature and other data are Copyright 2020 American Medical Association. All rights reserved. No fee schedule, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

* 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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