



Reimbursement Information for Diagnostic Ultrasound Procedures Completed by Obstetrician-Gynecologists¹



2022

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This overview addresses coding, coverage, and payment for diagnostic ultrasound procedures performed with traditional ultrasound.² For information about procedures performed with pocket-sized ultrasound, please refer to our guide “Reimbursement Information for Diagnostic Ultrasound Procedures Completed with a Vscan™ Family Pocket-Sized Ultrasound Device” (<https://www.gehealthcare.com/en/products/reimbursement>). While this advisory focuses on Medicare program policies, these policies may also be applicable to selected private payers throughout the country.

Current Procedural Terminology (CPT®)³ Coding, Definitions and Medicare Reimbursement

The following table provides CPT³ coding for diagnostic obstetrical and gynecology procedures that may apply when obstetrical ultrasound is performed and 2022 Medicare national average payment for the physician and hospital outpatient settings of care. Payment will vary by geographic location.

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
First Trimester					
76801	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	Professional (26)	\$48.10	5522	\$111.19
		Technical (TC)	\$73.71		
		Global	\$121.81		
76802	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$40.84	NA	Packaged. No extra payment.
		Technical (TC)	\$22.15		
		Global	\$62.98		
76813	Ultrasound, pregnant uterus, real-time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	Professional (26)	\$57.59	5522	\$111.19
		Technical (TC)	\$64.37		
		Global	\$122.16		
76814	Ultrasound, pregnant uterus, real-time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$48.79	NA	Packaged. No extra payment.
		Technical (TC)	\$29.42		
		Global	\$78.21		
Second – Third Trimester					
76805	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	Professional (26)	\$48.45	5522	\$111.19
		Technical (TC)	\$91.71		
		Global	\$140.16		
76810	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$47.76	NA	Packaged. No extra payment.
		Technical (TC)	\$43.26		
		Global	\$91.01		

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Second – Third Trimester (cont.)					
76811	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	Professional (26)	\$93.09	5523	\$235.00
		Technical (TC)	\$86.52		
		Global	\$179.61		
76812	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$87.55	NA	Packaged. No extra payment.
		Technical (TC)	\$112.47		
		Global	\$113.85		
76815	Ultrasound, pregnant uterus, real-time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	Professional (26)	\$31.84	5522	\$111.19
		Technical (TC)	\$52.60		
		Global	\$84.44		
76816	Ultrasound, pregnant uterus, real-time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	Professional (26)	\$41.87	5522	\$111.19
		Technical (TC)	\$71.98		
		Global	\$113.85		
Vaginal					
76817	Ultrasound, pregnant uterus, real-time with image documentation, transvaginal	Professional (26)	\$96.55	5522	\$111.19
		Technical (TC)	\$37.03		
		Global	\$59.52		
Fetal Biophysical Profile					
76818	Fetal biophysical profile; with non-stress testing	Professional (26)	\$51.56	5522	\$111.19
		Technical (TC)	\$66.79		
		Global	\$118.35		
76819	Fetal biophysical profile; without non-stress testing	Professional (26)	\$38.07	5522	\$111.19
		Technical (TC)	\$48.45		
		Global	\$86.52		
Fetal Echocardiography					
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording	Professional (26)	\$80.98	5524	\$493.48
		Technical (TC)	\$193.10		
		Global	\$274.08		
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	Professional (26)	\$40.84	5523	\$235.00
		Technical (TC)	\$124.24		
		Global	\$165.07		
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	Professional (26)	\$28.03	5522	\$111.19
		Technical (TC)	\$44.99		
		Global	\$73.02		

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Fetal Echocardiography (cont.)					
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	Professional (26)	\$27.34	5522	\$111.19
		Technical (TC)	\$23.88		
		Global	\$51.22		
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	Professional (26)	\$3.11	NA	Packaged. No extra payment.
		Technical (TC)	\$21.46		
		Global	\$24.57		
Fetal Evaluation					
76820	Doppler velocimetry, fetal; umbilical artery	Professional (26)	\$24.57	5522	\$111.19
		Technical (TC)	\$22.15		
		Global	\$46.72		
76821	Doppler velocimetry, fetal; middle cerebral artery	Professional (26)	\$34.26	5522	\$111.19
		Technical (TC)	\$57.45		
		Global	\$91.71		
3D Rendering					
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	Professional (26)	\$9.69	NA	Packaged. No extra payment.
		Technical (TC)	\$13.84		
		Global	\$23.53		
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	Professional (26)	\$38.76	NA	Packaged. No extra payment.
		Technical (TC)	\$35.30		
		Global	\$74.06		
Assisted Reproductive Medicine Examinations					
76705	Ultrasound, abdominal, real-time with image documentation; limited (e.g., single organ, quadrant, follow-up)	Professional (26)	\$29.07	5522	\$111.19
		Technical (TC)	\$62.29		
		Global	\$91.36		
76830	Ultrasound, transvaginal	Professional (26)	\$33.91	5522	\$111.19
		Technical (TC)	\$91.01		
		Global	\$124.93		
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Professional (26)	\$35.64	5523	\$235.00
		Technical (TC)	\$85.82		
		Global	\$121.47		
76856	Ultrasound, pelvic (nonobstetric), real-time with image documentation; complete	Professional (26)	\$33.91	5522	\$111.19
		Technical (TC)	\$76.48		
		Global	\$110.39		

CPT [®] Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Assisted Reproductive Medicine Examinations (cont.)					
76857	Ultrasound, pelvic (nonobstetric), real-time with image documentation; limited or follow-up (e.g., for follicles)	Professional (26)	\$23.88	5522	\$111.19
		Technical (TC)	\$25.26		
		Global	\$49.14		
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	Professional (26)	\$32.53	NA	Packaged. No extra payment.
		Technical (TC)	\$50.18		
		Global	\$82.71		

CPT [®] Code	Description	Physician		Facility	
		Facility Physician Payment ⁴	Non-Facility Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Gynecology					
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound; non-imaging	NA	\$10.73	5733	\$56.85
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	\$57.45	\$261.97	NA	Packaged. No extra payment.
58356	Endometrial cryoablation with ultrasonic guidance including endometrial curettage, when performed	\$365.79	\$1,805.06	5415	\$4,503.49

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Gynecology Ultrasound Procedures					
76830	Ultrasound, transvaginal	Professional (26)	\$33.91	5522	\$111.19
		Technical (TC)	\$91.01		
		Global	\$124.93		
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Professional (26)	\$35.64	5523	\$235.00
		Technical (TC)	\$85.82		
		Global	\$121.47		
76856	Ultrasound, pelvic (nonobstetric), real-time with image documentation; complete	Professional (26)	\$33.91	5522	\$111.19
		Technical (TC)	\$76.48		
		Global	\$110.39		
76857	Ultrasound, pelvic (nonobstetric), real-time with image documentation; limited or follow-up (e.g., for follicles)	Professional (26)	\$23.88	5522	\$111.19
		Technical (TC)	\$25.26		
		Global	\$49.14		
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Professional (26)	\$31.15	NA	Packaged. No extra payment.
		Technical (TC)	\$28.38		
		Global	\$59.52		

Intraoperative Procedures

2022 Medicare reimbursement for intraoperative procedures related to diagnostic ultrasound obstetrical and gynecology procedures.

CPT ^{®3} Code	Description	Physician		Facility	
		Physician Facility Payment ⁴	Physician Non-Facility Payment ⁴	APC	Hospital Outpatient Payment ⁵
Introduction Procedures / Invasive Services for OB and GYN					
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	\$57.45	\$261.97	NA	Packaged. No extra payment.
58356	Endometrial cryoablation with ultrasonic guidance including endometrial curettage, when performed	\$365.79	\$1,805.06	5415	\$4,503.49
59000	Amniocentesis; diagnostic	\$81.67	\$119.74	5413	\$647.47
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	\$181.68	NA	5412	\$288.04
59070	Transabdominal amnioinfusion, including ultrasound guidance	\$314.22	\$409.74	5412	\$288.04
59074	Fetal fluid drainage (e.g., vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	\$314.22	\$392.78	5412	\$288.04
59076	Fetal shunt placement, including ultrasound guidance	\$531.21	NA	5412	\$288.04

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
Diagnostic Ultrasound / Ultrasound Guidance Procedures					
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Professional (26)	\$35.64	5523	\$235.00
		Technical (TC)	\$85.82		
		Global	\$121.47		
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	Professional (26)	\$65.41	NA	Packaged. No extra payment.
		Technical (TC)	N/A		
		Global	N/A		
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	Professional (26)	\$32.53	NA	Packaged. No extra payment.
		Technical (TC)	N/A		
		Global	N/A		
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	Professional (26)	\$18.34	NA	Packaged. No extra payment.
		Technical (TC)	\$14.53		
		Global	\$32.88		
76998	Ultrasound guidance, introperative	Professional (26)	\$62.64	NA	Packaged. No extra payment.
		Technical (TC)	N/A		
		Global	N/A		

Other CPT Codes

2022 Medicare reimbursement for procedures related to diagnostic ultrasound gynecology procedures.

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
General Obstetrics Examinations					
76801	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	Professional (26)	\$48.10	5522	\$111.19
		Technical (TC)	\$73.71		
		Global	\$121.81		
76802	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$40.84	NA	Packaged. No extra payment.
		Technical (TC)	\$22.15		
		Global	\$62.98		
76805	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	Professional (26)	\$48.45	5522	\$111.19
		Technical (TC)	\$91.71		
		Global	\$140.16		
76810	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$47.76	NA	Packaged. No extra payment.
		Technical (TC)	\$43.26		
		Global	\$91.01		
76811	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	Professional (26)	\$93.09	5523	\$235.00
		Technical (TC)	\$86.52		
		Global	\$179.61		
76812	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$87.55	NA	Packaged. No extra payment.
		Technical (TC)	\$112.47		
		Global	\$200.02		
76813	Ultrasound, pregnant uterus, real-time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	Professional (26)	\$57.59	5522	\$111.19
		Technical (TC)	\$64.37		
		Global	\$122.16		
76814	Ultrasound, pregnant uterus, real-time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	Professional (26)	\$48.79	NA	Packaged. No extra payment.
		Technical (TC)	\$26.42		
		Global	\$78.21		
76815	Ultrasound, pregnant uterus, real-time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	Professional (26)	\$31.84	5522	\$111.19
		Technical (TC)	\$52.60		
		Global	\$84.44		

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵
General Obstetrics Examinations (cont.)					
76816	Ultrasound, pregnant uterus, real-time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	Professional (26)	\$41.87	5522	\$111.19
		Technical (TC)	\$71.98		
		Global	\$113.85		
76817	Ultrasound, pregnant uterus, real-time with image documentation, transvaginal	Professional (26)	\$37.03	5522	\$111.19
		Technical (TC)	\$59.52		
		Global	\$96.55		
76818	Fetal biophysical profile; with non-stress testing	Professional (26)	\$51.56	5522	\$111.19
		Technical (TC)	\$66.79		
		Global	\$118.35		
76819	Fetal biophysical profile; without non-stress testing	Professional (26)	\$38.07	5522	\$111.19
		Technical (TC)	\$48.45		
		Global	\$86.52		
76820	Doppler velocimetry, fetal; umbilical artery	Professional (26)	\$24.57	5522	\$111.19
		Technical (TC)	\$22.15		
		Global	\$46.72		
76821	Doppler velocimetry, fetal; middle cerebral artery	Professional (26)	\$34.26	5522	\$111.19
		Technical (TC)	\$57.45		
		Global	\$91.71		
Fetal Echocardiography					
76825	Echocardiography, fetal, cardiovascular system, real-time with image documentation (2D), with or without M-mode recording	Professional (26)	\$80.98	5524	\$493.48
		Technical (TC)	\$193.10		
		Global	\$274.08		
76826	Echocardiography, fetal, cardiovascular system, real-time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	Professional (26)	\$40.84	5523	\$235.00
		Technical (TC)	\$124.24		
		Global	\$165.07		
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	Professional (26)	\$28.03	5522	\$111.19
		Technical (TC)	\$44.99		
		Global	\$73/02		
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	Professional (26)	\$27.34	5522	\$111.19
		Technical (TC)	\$23.88		
		Global	\$51.22		

CPT ^{®3} Code	Description	Physician		Facility	
		Reimbursement Component	Physician Payment ⁴	APC	Hospital Outpatient Payment ⁵

Ultrasound Guidance

76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Professional (26)	\$31.15	NA	Packaged. No extra payment.
		Technical (TC)	\$28.38		
		Global	\$59.52		
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	Professional (26)	\$18.34	NA	Packaged. No extra payment.
		Technical (TC)	\$14.53		
		Global	\$32.88		
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	Professional (26)	\$32.53	NA	Packaged. No extra payment.
		Technical (TC)	\$50.18		
		Global	\$82.71		

Non-Obstetrical

76856	Ultrasound, pelvic (nonobstetric), real-time with image documentation; complete	Professional (26)	\$33.91	5522	\$111.19
		Technical (TC)	\$76.48		
		Global	\$110.39		
76857	Ultrasound, pelvic (nonobstetric), real-time with image documentation; limited or follow-up (e.g., for follicles)	Professional (26)	\$23.88	5522	\$111.19
		Technical (TC)	\$25.26		
		Global	\$49.14		

Payment Methodologies for Ultrasound Services

Medicare reimburses for ultrasound services when the services are within the scope of the provider's license and are deemed medically necessary. The following describes the various payment methods by site of service.

Site of Service

In the office setting, a physician who owns the equipment and performs the ultrasound guidance or a sonographer who performs the service may report the CPT code without any modifier.

If the site of service is a hospital outpatient setting and the physician is performing the ultrasound guidance, the 26 modifier (professional service only) should be appended to the CPT code for the imaging service.

Based on the Medicare Outpatient Prospective Payment System (OPPS), the technical component of image guidance for a needle placement procedure that is performed in the hospital outpatient department is considered a packaged service. This means that the payment to the facility for these services is included in the payment for the primary procedure.

Coverage Policies

Use of diagnostic ultrasound services may be a covered benefit if such usage meets all requirements established by that particular payer. It is advisable that you check with your local Medicare Contractor for specific coverage requirements. Also, it is essential that each claim be coded appropriately and supported with adequate documentation in the medical record.

Coverage by private payers varies by payer and by plan with respect to which medical specialties may perform ultrasound services. Some payers will reimburse ultrasound procedures to all specialties, while other plans will limit ultrasound procedures to specific types of medical specialties. In addition, there are plans that require providers to submit applications requesting these services be added to the list of services performed in their practice. Also, ultrasound examinations are usually not included in the obstetrical global package and may be billed separately. However, certain payers may bundle the obstetrical ultrasound procedure into the global obstetrical package. It is important that you contact the payer prior to submitting claims to determine their requirements.

Modifiers

Modifiers explain that a procedure or service was changed without changing the definition of the CPT code set. Here are some common modifiers related to the use of ultrasound procedures.

26: Professional Component

A physician who performs the interpretation of an ultrasound exam in the hospital outpatient setting may submit a charge for the professional component of the ultrasound service using a modifier (26) appended to the ultrasound code.

TC: Technical Component

This modifier would be used to bill for services by the owner of the equipment only to report the technical component of the service. This modifier is most commonly used if the service is performed in an Independent Diagnostic Testing Facility (IDTF).

52: Reduced Services

This modifier would be used in certain circumstances when a service or procedure is partially reduced or eliminated at the physician's discretion.

76: Repeat Procedure by Same Physician

This modifier is defined as a repeat procedure by the physician on the same date of service or patient session. The CPT defines "same physician" as not only the physician doing the procedure but also as a physician of the same specialty working for the same medical group/employer.

77: Repeat Procedure by Another Physician

This modifier is defined as a repeat procedure by another physician on the same date of service or patient session. "Another physician" refers to a physician in a different specialty or one who works for a different group/employer. Medical necessity for repeating the procedure must be documented in the medical record in addition to the use of the modifier.

ICD-10-CM Diagnosis Coding

Diagnosis coding ultimately the physician's responsibility. The physician must select the code(s) that appropriately represent the patient's diagnosis using ICD-10 diagnosis codes based on his or her findings or the pre-service signs, symptoms or conditions that reflect the reason for doing the ultrasound.

Limited vs. Complete Ultrasound

Complete and limited ultrasound studies are defined in the ultrasound introductory section notes of the 2022 CPT book. According to CPT, the report should contain a description of all elements or the reason that an element could not be visualized. As stated in the guidelines, If less than the required elements for a "complete" exam are reported (e.g., limited number of organs or limited portion of region evaluated), the limited code for that anatomic region should be used once per patient exam session.⁶

Other Considerations

The American Society of Echocardiography (ASE) published a position statement (J Am Soc Echocardiog 2002; 15: 369-73) about hand-carried ultrasound in April 2002. This position establishes that “The safety and effectiveness of a diagnostic study should be judged on the medical indications of the study, the qualifications and experience of the providers of service, the quality and completeness of the diagnostic information obtained, and the adherence to published and widely accepted professional standards and processes developed, and not based on the size or cost of the instrumentation used to perform the study.”⁷

Furthermore, the ASE document states that the technical capabilities of Hand Carried Ultrasound (HCU) equipment do not themselves serve as a means for distinguishing a complete or limited echocardiogram from an extension of a physical exam.

Therefore, if the appropriate images and data are recorded as follows, the study should be considered an independent diagnostic test rather than an extension of the patient’s physical examination:

- A qualified sonographer or physician conduct and interpret the ultrasound exam
- Interpreted by a physician with a level 2 (or higher) training in echocardiography (level 2 is described by the American College of Cardiology (ACC) here: (http://www.acc.org/qualityandscience/clinical/competence/echo/III_transthoracic.htm),
- Reported in an appropriate manner,
- Archived properly,
- And the study was performed for an approved clinical indication

References

1. Information presented in this document is current as of March 1, 2022. Any subsequent changes which may occur in coding, coverage and payment are not reflected herein.
2. The federal statute known as the Stark Law (42 U.S.C. §1395nn) imposes certain requirements which must be met in order for physicians to bill Medicare patients for in-office radiology services. In some states, similar laws cover billing for all patients. In addition, licensure, certificate of need, and other restrictions may be applicable.
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4. Third party reimbursement amounts and coverage policies for specific procedures will vary by payer and by locality. The technical and professional components are paid under the Medicare physician fee schedule (MPFS). The MPFS payment is based on relative value units published in the Federal Register/Vol. 86, No. 221/Friday, November 19, 2021 and subsequent updates based on legislation enacted by CMS. These changes are effective for services provided from 1/1/2022 through 12/31/2022. CMS may make adjustments to any or all of the data inputs from time to time. Amounts do not necessarily reflect any subsequent changes in payment since publication. To confirm reimbursement rates for specific codes, consult with your local Medicare contractor.
5. Third party reimbursement amounts and coverage policies for specific procedures will vary by payer and by locality. Medicare Ambulatory Payment Classification Correction Notice under the Hospital Outpatient Fee Schedule as published in the Federal Register/Vol. 87, No. 9/Monday, January 10, 2022 and subsequent updates based on legislation enacted by CMS. These changes are effective for services provided from 1/1/2022 through 12/31/2022. CMS may make adjustments to any or all of the data inputs from time to time. Amounts do not necessarily reflect any subsequent changes in payment since publication. To confirm reimbursement rates for specific codes, consult with your local Medicare contractor.
6. 2022 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Diagnostic Ultrasound guidelines, page 547-548.
7. American Society of Echocardiography Report on Hand Carried Ultrasound (HCU) April 2002 (J Am Soc Echocardiog 2002; 15:369-73).



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