- **<u>Curriculum</u>**
- Coding
- CPT (current procedural terminology) Basics
  - Understanding Center for Medicare and Medicaid Services (CMS) + Medicare Physician, Fee Schedule (MPFS)
  - Understanding Technical component (TC) vs professional components (PC)
  - Understanding US and POCUS specific CPT codes, modifiers, complete exam vs limited exam differences
  - Understanding Relative Value Scale Update Committee (RUC)
  - Understanding how Relative Value Units (RVUs) are assigned
  - How POCUS incorporates
  - Appendix: POCUS Specific CPT Codes
- Billing
- Understanding CMS Requirements for Billing
- RVU components
  - Work RVUs, practice expense RVUs, malpractice expense RVUs
  - Conversion Factor
- RVU Generation
  - Current landscape given 2023 updates
  - EM specifics: 99283, 99284, 99285, 99291
  - MDM level breakdown low, moderate, high
  - International classification of diseases (ICD-10)

Coding 101

ACEP Emergency Ultrasound Section
Billing/Coding Subcommittee

Dillon Casey, MD
Joseph Byouk, MD
Jacob Schoeneck, MD
Yue Jay Lin, MD
Joshua Guttman, MD

**ACEP
EMERGENCY
ULTRASOUND
SECTION**

Subcommittees	Resources	Meetings	Newsroom

Coding and Reimbursement

Purpose: To provide updated information to section members on ultrasound reimbursement and coding questions.

Joshua Guttman, MD, FACEP - Co-Chair

Dillon W. Casey, MD - Co-Chair

Goals for the year:

1. Updates to CPT ultrasound and procedural codes/requirements
2. Contributing to the section update in Ultrasound Guidelines with a valuation of point of care ultrasound (POCUS).
3. Discussion of a POCUS CPT code
4. Individualized responses to coding and reimbursement questions on the EM ultrasound list serve
5. Keeping the section website updated with archived and current information

ACEP Emergency Ultrasound Section Webinar on POCUS and the New Coding Criteria, May 2023

Coding and Reimbursement Documents

2009 ACEP EUS Coding and Reimbursement Document
This is the core document (100+ pages). Appendix A containing the CPT codes, is updated yearly. Please choose the Attachment A up
(Previous years are provided for reference)

- **2024 ACEP EUS Coding and Reimbursement Update**
- **2023 ACEP EUS Coding and Reimbursement Update**
- **2021 ACEP EUS Coding and Reimbursement Update**
- **2020 ACEP EUS Coding and Reimbursement Update**
- **2019 ACEP EUS Coding and Reimbursement Update**
- **2018 ACEP EUS Coding and Reimbursement Update**
- **2017 ACEP EUS Coding and Reimbursement Update**

Useful links on ACEP's general website and on EMRA:

https://www.acep.org/administration/reimbursement/reimbursement-faqs/2023-ed-em-guidelines-faqs

https://www.emra.org/emresident/article/reimbursement-july-2023

Coding

- At the most basic level EM provider documentation generates codes
- These codes are used by healthcare insurers (payers such as Medicare, Medicaid and private insurers) to determine payment
- Payers ONLY receive the codes generated by your documentation to determine payment for an encounter, the payer does not receive your actual chart
- The language of coders is CPT

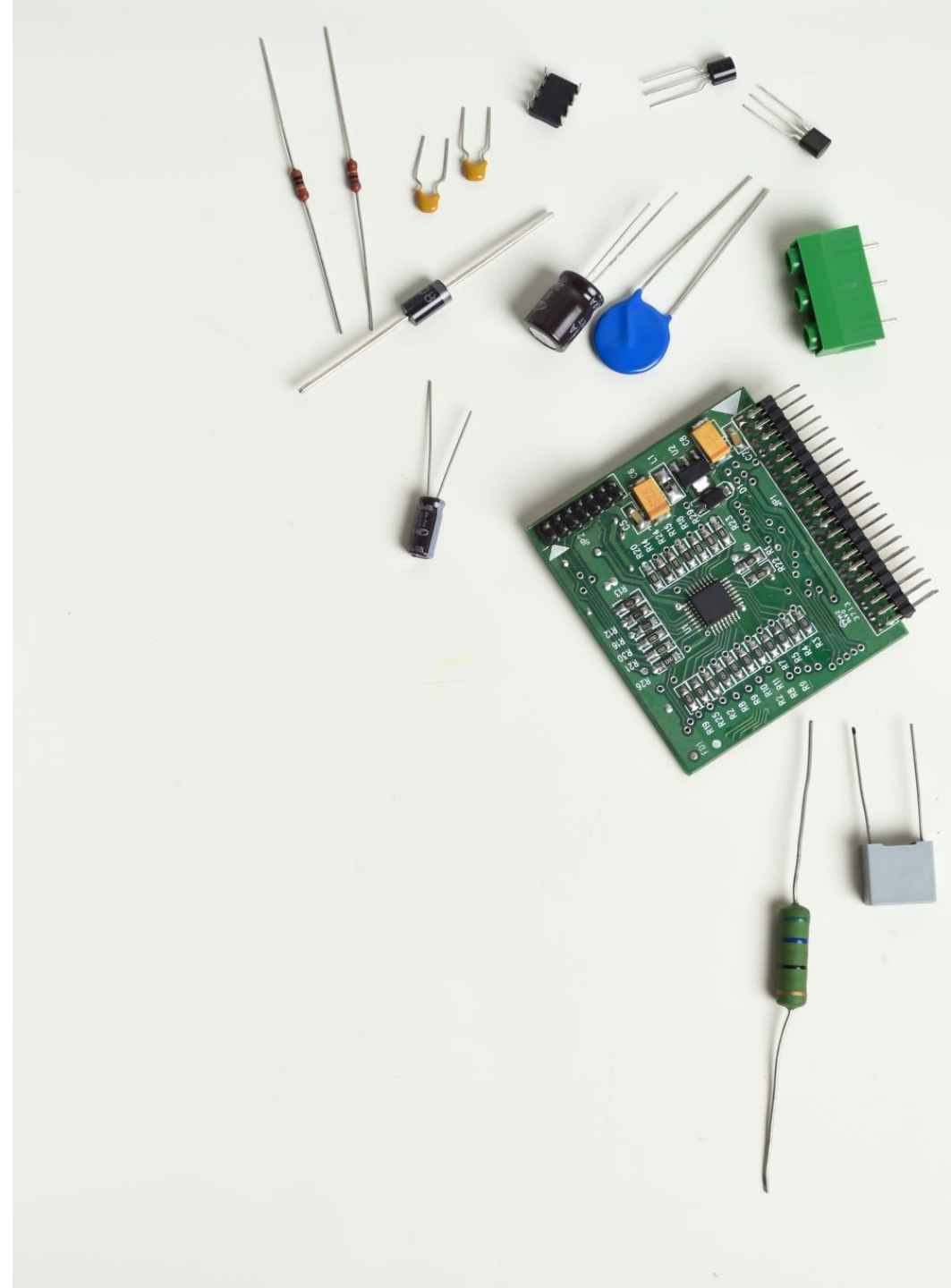| |
|---|
| **Current Procedural Terminology (CPT) Codes** |
| 5 Digits |
| Distributed by AMA as the *Medicare Physician Fee Schedule (MPFS)* |
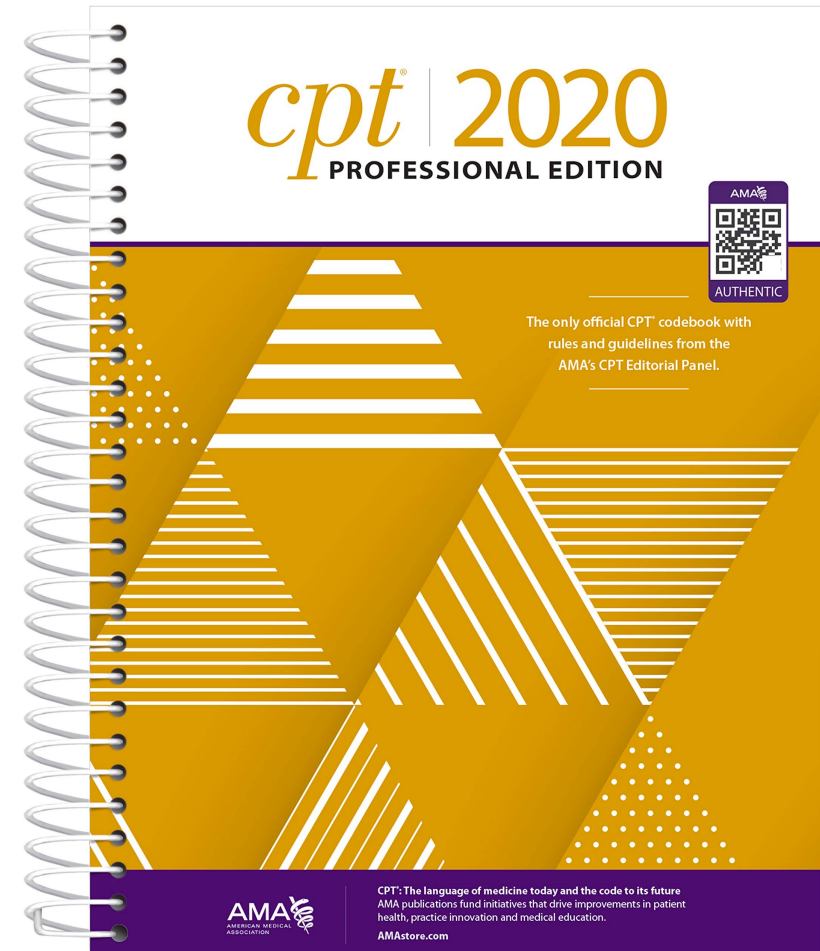
The CPT advisory committee contains representatives from each specialty that update these codes annually
For Emergency Medicine, ACEP is the representative to the committee
https://www.cms.gov/medicare/physician-fee-schedule/search

- The most basic component of CPT is evaluation and management coding (E/M) Coding is the process where a patient encounter is translated into a 5 digit CPT code

- For all intents and purposes E/M Codes = CPT Codes

- These codes describe acuity and amount of work performed during a patients encounter in the ED
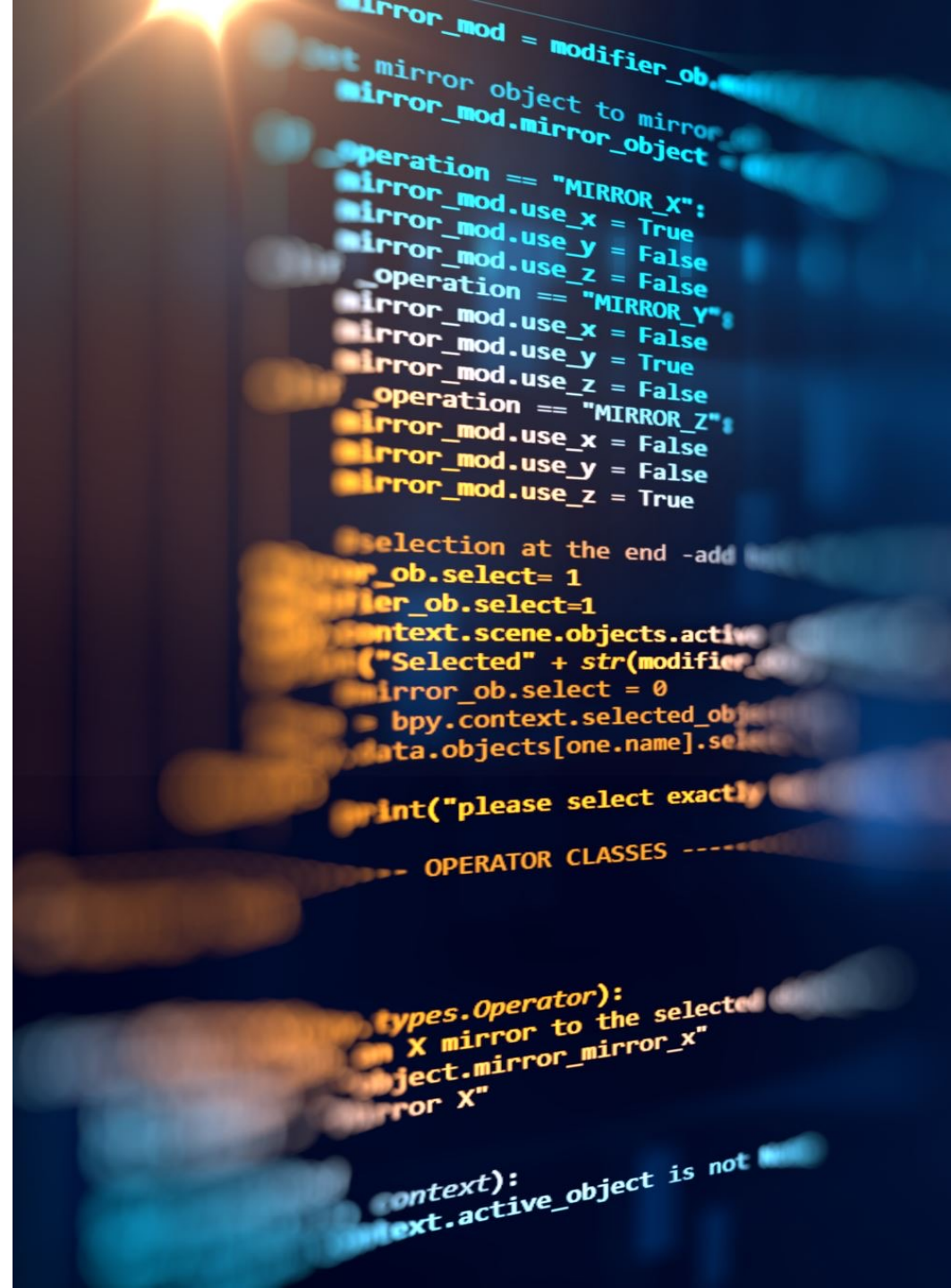
E/M Code	2023 wRVU
99281	0.25
99282	0.93
99283	1.60
99284	2.74
99285	4.00

- The *Medicare Physician Fee Schedule* MPFS lists three distinct ways to code for these CPT codes: (1) global codes, (2) professional component (PC), and (3) technical component (TC).

- Global codes are pertinent to non facility settings so we will exclude from detailed discussion for EM providers

- For EM providers we will focus on PC and TC

Professional Component/Fees

Pays for your (the providers) examination, consultation, and procedures

Provider must be privileged to perform POCUS

All ultrasound codes are global codes, the (-26) modifier indicates that only the professional component is being billed

A modifier is an additional numerical value added to a code to indicate a clarification/modification to a CPT code before it is submitted
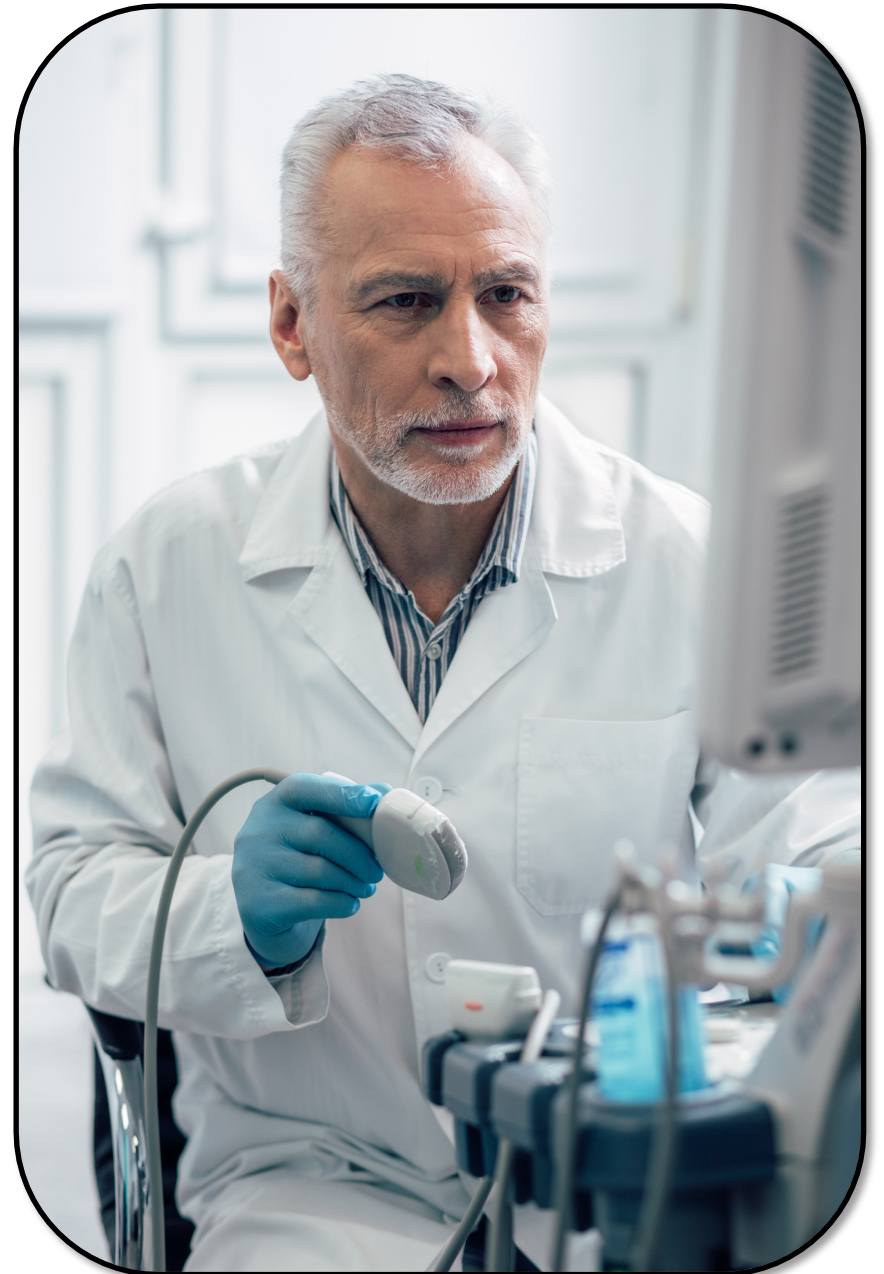
Technical Component

Covers the cost of machine and equipment purchase, technician salary, image archiving, overhead for physical space

Billed by hospital on UB-40 billing sheet with revenue center code (450 = ED)

The (-TC) modifier indicates that only the technical component is being billed

Revenue of TC compared to PC is generally 2:1

- Productivity, to some degree, translates to compensation
- The unit that measures productivity is referred to as a Relative Value Unit (RVU)
- An RVU is a universal metric that helps determine payment
  - It may be easier to think of RVU is a type of "currency" generated when you work in the ED
- Each E/M (CPT) Code is assigned a specific amount of RVU "currency"
- The Relative Value Update Committee (RUC) makes recommendations on the "value/worth/amount of currency" of individual E/M CPT codes to CMS for the MPFS
- RUC makes RECOMMENDATIONS to Centers for Medicare & Medicaid Services (CMS)
- RUC is comprised of 32 physicians and allied health professionals

Many emergency physicians productivity will be determined by a formula such as:
RVU/Hour = RVU/patient x Patients/hour

A simplified version of reimbursement is:
E|M CODES → RVU → *GPCI *Conversion Factor

Specific Ultrasound CPT Codes

CPT Code	Modifier	Description
-59	Distinct Procedural Service	Distinct procedures performed at different locations on the same day of service (*i.e. multiple PIVs, multiple abscess sites, multiple foreign body removals*)
-76	Repeat Procedure by the Same Clinician	Same ultrasound procedure performed on the patient on the same date of service or patient encounter by physicians in the same billing group
-77	Repeat Procedure by a Different Clinician	Repeat procedure done by a physician in a different billing group

Appendix of POCUS CPT Codes

Thoracic

76604 – Limited Chest

Aorta and Renal

76775 – Limited Retroperitoneal

76706 – Ultrasound to screen for AAA

Cardiac

93308 – Limited Echocardiogram

93312 – Transesophageal US

93306 – Complete Echocardiogram

"Requires 2D, M-mode, and spectral doppler examination of both atria and ventricles, all valves, pericardium, adjacent aorta and IVC, and a functional assessment of the heart"

Deep Venous Thrombosis

93971 – Limited or Unilateral evaluation of extremity veins for deep venous thrombosis

Requires Compression

E-FAST

93308 – Limited Cardiac

76705 – Limited Abdomen

76604 – Limited Chest

Biliary, Intestine, Appendix, Peritoneum

76705 – Limited Abdominal

Bladder (Volume)

76830 – TV Pelvic non-OB Limited

Musculoskeletal

76882 – Extremity, Nonvascular

Soft Tissue

76536 - Neck
76882 – Upper Extremity, Limited
76882 – Axilla, Limited
76604 – Chest Wall, Limited
76642 – Breast, Limited
76604 – Upper Back
76705 – Lower Back
76705 – Abdominal Wall
76857 – Pelvic Wall, Limited
76882 – Lower Extremity, Limited
76999 – Other Soft Tissue

Pelvic

76815 – TA Pelvic OB Limited
76817 – TV Pelvic OB Limited
76857 – TA Pelvic non-OB Limited
76830 – TV Pelvic non-OB Limited

Ocular

76512 - Ophthalmic, Diagnostic
76529 – Ophthalmic, Evaluation for Foreign Body

Testicular

76870-52 – Scrotal Complete
93976 – Limited Duplex Ovarian or Testicular Evaluation

Vascular Access
76937 – Ultrasound Guidance for Vascular Access
36410 – Physician Venipuncture
36556 - Physician Central Line Insertion, Non-Tunneled

Ultrasound Inclusive Procedural Codes
32555 – Thoracentesis
49083 – Paracentesis
20604, 20606, 20611 – Small, Medium, and Large Joint Arthrocentesis

Procedure	US Guidance Code	Surgical Procedure Code
Incision and Drainage	76492 – Miscellaneous Ultrasound Guided Procedure	10060, 10061 - Incision and Drainage Subcutaneous
Foreign Body Removal	76492 – Miscellaneous Ultrasound Guided Procedure	10120, 10121 - Incision and Foreign Body Removal
Pericardiocentesis	76930 – Ultrasound Guided Pericardiocentesis	33010 - Pericardiocentesis
Peritonsillar Abscess Drainage	76492 – Miscellaneous Ultrasound Guided Procedure	42700 - Drainage of Tonsil or Peritonsillar Abscess
Suprapubic Aspiration	76492 – Miscellaneous Ultrasound Guided Procedure	51100 - Aspiration of Bladder by Needle
Lumbar Puncture	76492 – Miscellaneous Ultrasound Guided Procedure	62270 - Diagnostic Lumbar Puncture