

- **Curriculum**
- 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)

Billing 101

ACEP Emergency Ultrasound Section
Billing/Coding Subcommittee

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Special thanks for Dr. Brian Hiestand from ACEP's Coding and Nomenclature Advisory Committee for guidance/mentorship



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:

Billing

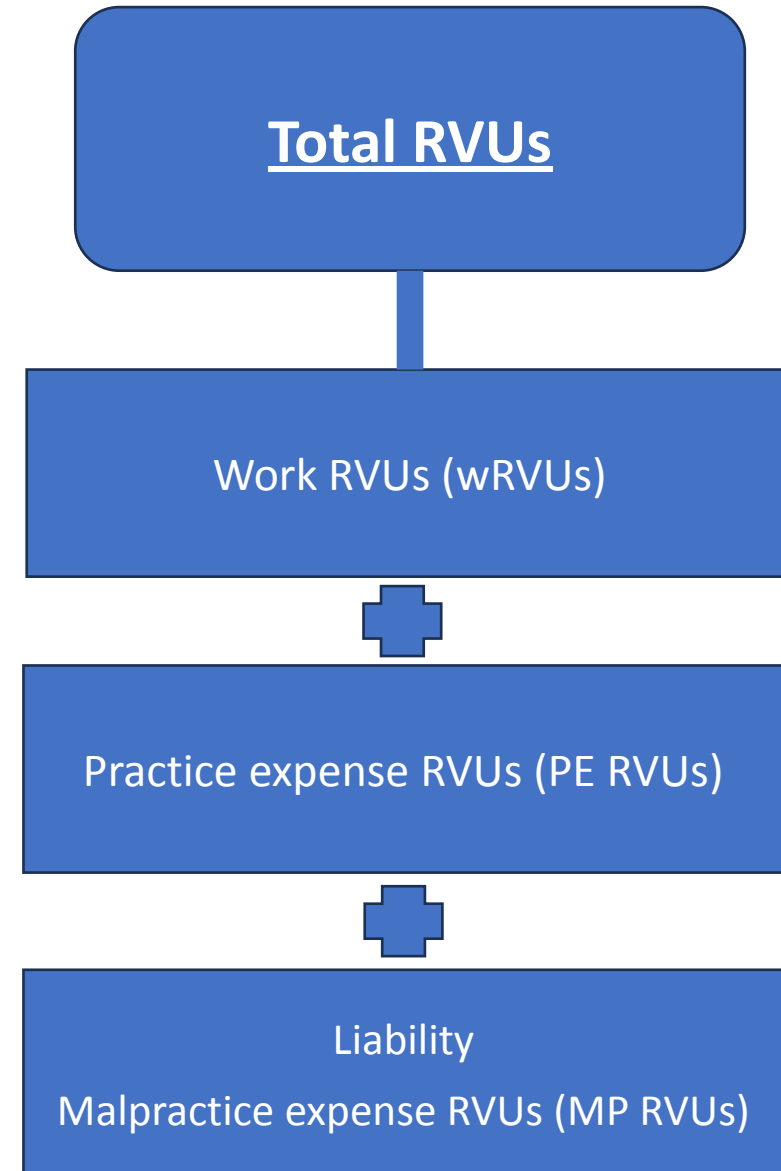


CMS Requirements for Billing

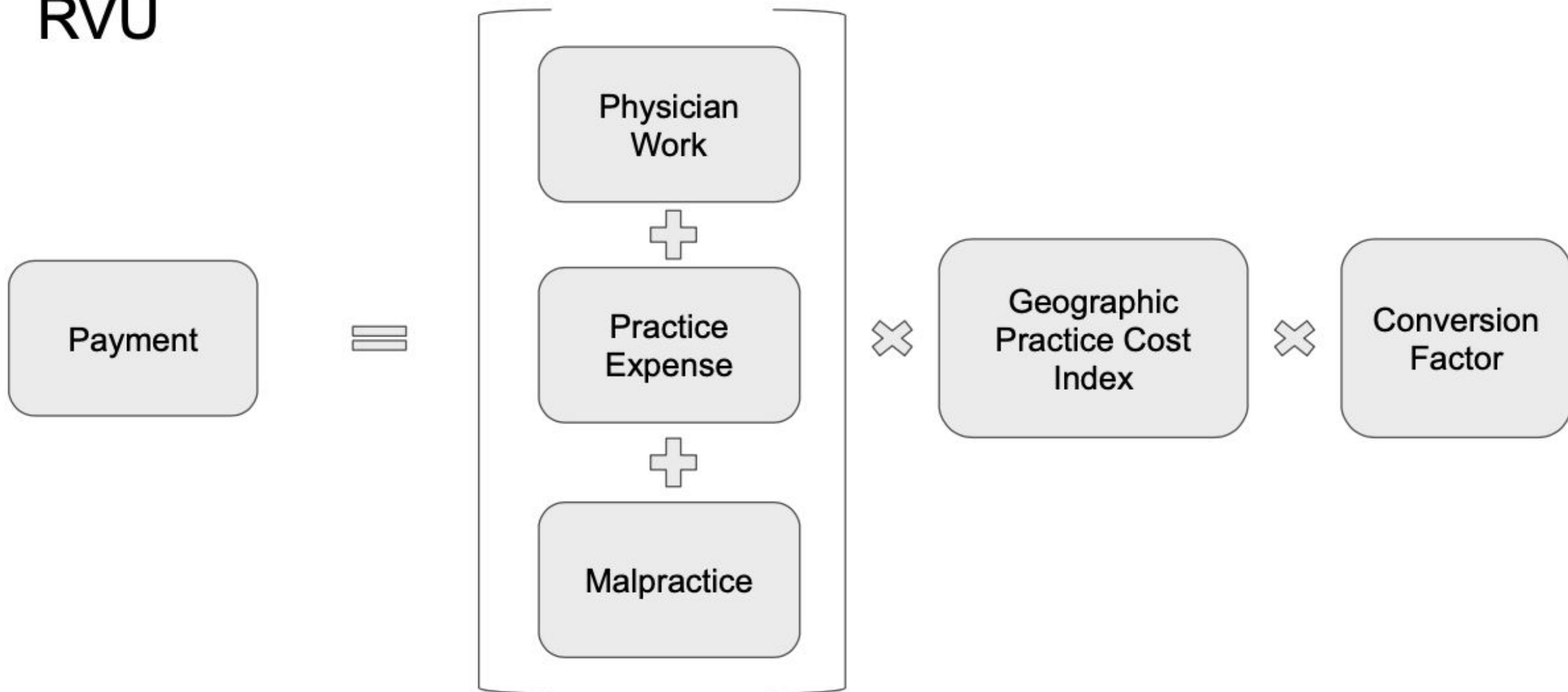
1. **Study Order** – An order for the POCUS exam must be placed
2. **Written Report** – A written report must be filed and signed by the provider in the patients chart with the following elements:
 - **Indications for the study** – why the study was medically necessary
 - **Ultrasound views obtained**
 - **Ultrasonographic findings**
 - **Interpretation of findings** – Final diagnosis
3. **Image Retention** – Images/Clips must be permanently archived and available for review

RVUs are broken down by work (wRVU), practice expense (PE RVU), and the malpractice expense (MP RVU)

The RUC assigns values for individual the components of RVUs



RVU



Many emergency physicians productivity will be determined by a formula such as:

$$\textbf{\textit{RVU/Hour = RVU/patient x Patients/hour}}$$

A simplified version of reimbursement is:

$$\textbf{\textit{E|M CODES \rightarrow RVU \rightarrow *GPCI *Conversion Factor}}$$

E/M Code		2023 wRVU
99281	Level 1	0.25
99282	Level 2	0.93
99283	Level 3	1.60
99284	Level 4	2.74
99285	Level 5	4.00

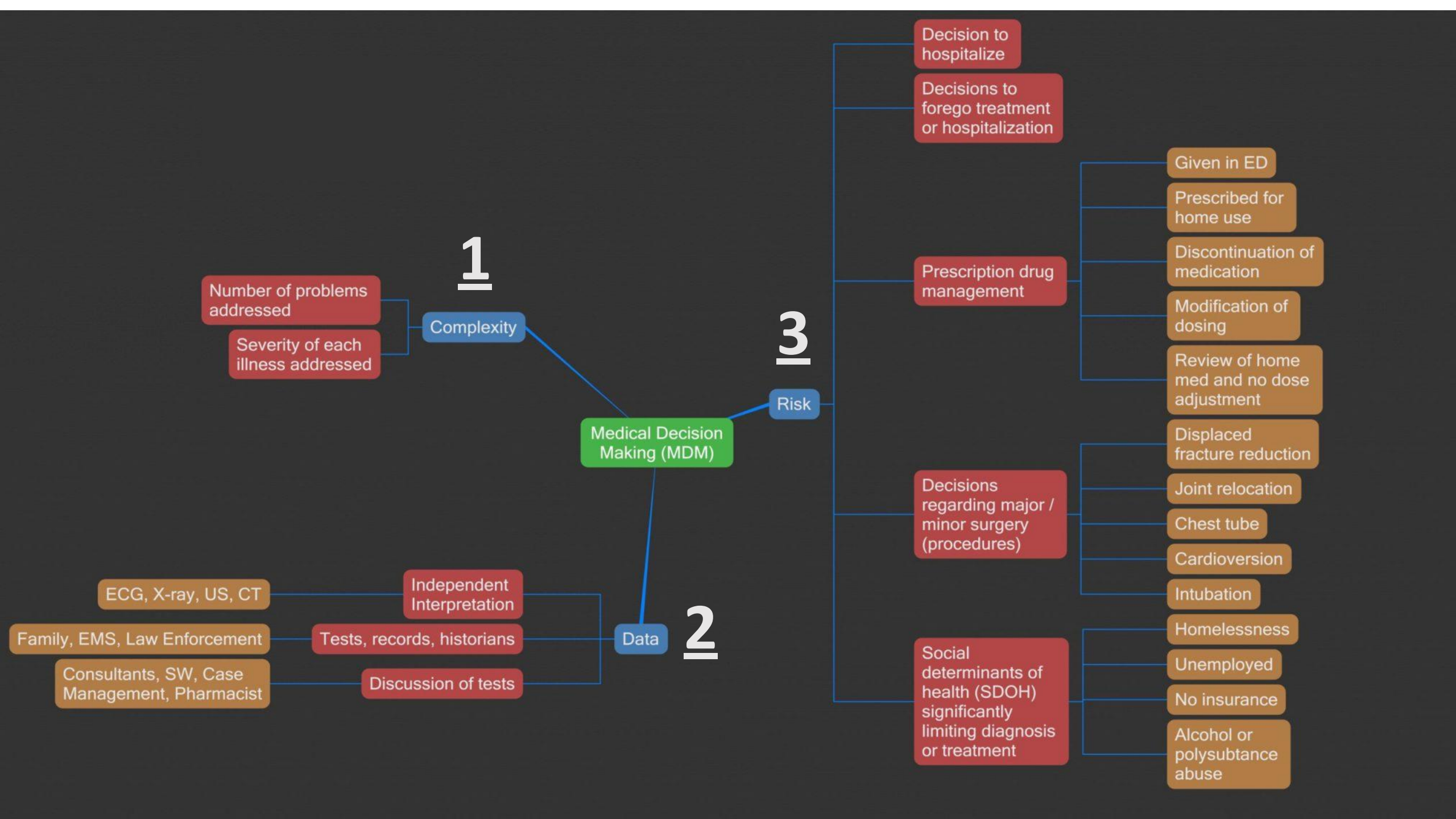
* 99291 is the E/M (CPT) Code for Critical Care

The E/M codes used in Emergency Medicine (99281-99285) were reviewed in 2021 for the 2023 Medicare physician fee schedule.

These codes describe the complexity of cognitive and procedural work performed by the provider for a patient during an ED encounter.

Level 1, 99281, describes a very basic/simple encounter whereas Level 5, 99285, describes a highly complex ED patient encounter.

Medical Decision Making (MDM)



1

Minimal	1 self-limited or minor problem.
Low	<ul style="list-style-type: none">• 2 or more self-limited or minor problems• 1 stable chronic illness• 1 acute, uncomplicated illness or injury• 1 stable, acute illness• 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
Moderate	<ul style="list-style-type: none">• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment.• 2 or more stable chronic illnesses.• 1 undiagnosed new problem with uncertain prognosis.• 1 acute illness with systemic symptoms.• 1 acute complicated injury
High	<ul style="list-style-type: none">• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment.• 1 acute or chronic illness or injury that poses a threat to life or bodily function

<p>Limited –</p> <p>Satisfy at least one category.</p>	<p>Category 1: Tests and documents</p> <p>At least 2 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; (each note counts as 1) • Review of the result(s) of each unique test; (each test counts as 1) • Ordering of each unique test (each test counts as 1) <p>Category 2: Assessment requiring an independent historian(s)</p>
<p>Moderate –</p> <p>Satisfy at least one category.</p>	<p>Category 1: Tests, documents, or independent historian(s)</p> <p>At least 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; (each note counts as 1) • Review of the result(s) of each unique test; (each test counts as 1) • Ordering of each unique test (each test counts as 1) • Assessment requiring an independent historian(s) <p>Category 2: Independent interpretation of tests</p> <p>Category 3: Discussion of management or test interpretation</p>
<p>Extensive –</p> <p>Satisfy at least two categories.</p>	<p>Category 1: Tests, documents, or independent historian(s)</p> <p>At least 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; (each note counts as 1) • Review of the result(s) of each unique test; (each test counts as 1) • Ordering of each unique test (each test counts as 1) • Assessment requiring an independent historian(s) <p>Category 2: Independent interpretation of tests</p> <p>Category 3: Discussion of management or test interpretation</p>

Minimal risk of morbidity from additional diagnostic testing or treatment

Low risk of morbidity from additional diagnostic testing or treatment

Moderate risk of morbidity from additional diagnostic testing or treatment

High risk of morbidity from additional diagnostic testing or treatment

Examples only:

- Prescription drug management
- Decision regarding minor surgery with identified patient or procedure risk factors
- Decision regarding elective major surgery without identified patient or procedure risk factors.
- Diagnosis or treatment significantly limited by social determinants of health

Examples only:

- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding elective major surgery with identified patient or procedure risk factors
- Decision regarding emergency major surgery
- Decision regarding hospitalization or escalation of hospital-level of care
- Decision not to resuscitate or to de-escalate care because of poor prognosis
- Parenteral controlled substances

E/M (CPT) codes used in Emergency Medicine

E/M (CPT) Code	MDM Complexity	# of Diagnosis and Management Options	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidly/Mortality	2023 wRVU
99281- Level 1					.25
99282- Level 2	Straightforward	Minimal	Minimal/None	Minimal	.93
99283- Level 3	Low Complexity	Limited	Limited	Low	1.6
99284- Level 4	Moderate Complexity	Multiple	Moderate	Moderate	2.74
99285- Level 5	High Complexity	Extensive	Extensive	High	4.00

* 99291 is the E/M (CPT) Code for Critical Care

These codes describe the complexity of cognitive and procedural work performed by the provider for a patient during an ED encounter.

Level 1, 99281, describes a very basic/simple encounter whereas Level 5, 99285, describes a highly complex ED patient encounter.

Level 4 (99284)

Moderate

(Must meet the requirements of at least 1 out of 3 categories)

Level 5 (99284)

Extensive

(Must meet the requirements of at least 2 out of 3 categories)

Ultrasound Exam	CPT	2023 wRVU
Limited abdominal (FAST, biliary, bowel)	76705	0.59
Limited retroperitoneal (renal, aorta)	76775	0.58
Limited Transthoracic Echo	93308	0.53
Limited DVT	93971	0.45
Pregnant Transvaginal	76817	0.75
Transesophageal Echo	93312	2.3

E/M Code	2023 wRVU
99281	0.25
99282	0.93
99283	1.60
99284	2.74
99285	4.00

International Classification of Diseases (ICD-10)

Code communicates
DIAGNOSIS to Payer

Helps convey medical
necessity of work that
has been performed

CPT/HCPCS Codes

Group 1 Paragraph:

Note: CPT® 76700, 76705 or 76706* should be used for billing a full (complete) or appropriately limited abdominal ultrasound. This article does not address diagnosis coding for these 3 CPT® codes.

*Note: Please refer to the *Once in a Lifetime Abdominal Aortic Aneurysm (AAA) Screening Article A55071* for additional requirements for billing CPT® code 76706.

Group 1 Codes:

CODE	DESCRIPTION
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

Show entries: 100 ▼

Search:

Search By: ☒ Code ☐ Description

SEARCH GROUP

CLEAR SEARCH

ICD-10 CODE	DESCRIPTION
B25.2	Cytomegaloviral pancreatitis
B52.0	Plasmodium malariae malaria with nephropathy
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C48.0	Malignant neoplasm of retroperitoneum