



Anesthesiology

Ultrasound Reimbursement

The CPT global payment amounts apply to free standing imaging facilities located within the United States. Coverage policies and reimbursement amounts will vary depending on location, payer, and plan. Actual global fees will vary depending on location and exact services provided.

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CPT® Code	Description	2004 Medicare National Average Global Payment
76937	Ultrasound 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 (List separately in addition to code for primary procedure)	\$34.51
76942	Ultrasonic guidance for needle placement (ex. biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$135.20
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	\$107.18
93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition and report	\$270.74
93313	Echocardiography, transesophageal	\$46.21* (F)
93314	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$220.73
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$148.58** (PC)
93316	Echo transesophageal	\$47.34* (F)
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	\$97.43** (PC)

* Facility Price

** Professional Component

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93318	Echo transesophageal intraoperative	\$103.94** (PC)
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$89.79
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	\$53.53
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$121.66
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$220.44
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$156.41
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$177.65
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$127.67
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$192.33
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$136.28

Providers must select the correct CPT codes and modifiers for services rendered. It is the provider's responsibility to confirm information obtained from TeraRecon's website with their local payer prior to filing claims. TeraRecon disclaims the responsibility to update global fee changes subsequent to publication.

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** Professional Component