



Emergency Department

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
76536	Ultrasound, soft tissues of head and neck (ex. thyroid, parathyroid, parotid), B-scan, real time with image documentation	\$86.12
76700	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete	121.59
76705	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (ex. single organ, quadrant, follow-up)	\$88.35
76770	Ultrasound, retroperitoneal (ex. renal, aorta, nodes), B-scan and/or real time with image documentation; complete	\$117.81
76775	Ultrasound, retroperitoneal (ex. renal, aorta, nodes), B-scan and/or real time with image documentation; limited	\$87.59
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (ex. fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	\$91.06
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$99.45
76830	Ultrasound, transvaginal	\$97.40
76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)	\$81.59
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	\$97.07

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76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime 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
76986	Ultrasonic guidance, intraoperative	\$167.67
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	\$107.18
93880	Duplex scan of extracranial arteries; complete bilateral study	\$195.11
93882	Duplex scan of extracranial arteries; unilateral or limited study	\$138.64
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
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$308.46
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$190.01
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	\$175.38
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$127.25

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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