



Musculoskeletal

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
76800	Ultrasound, spinal canal and contents	\$114.92
76856	Ultrasound, pelvic (non-obstetric), B-scan and/or real time with image documentation; complete	\$97.40
76857	Ultrasound, pelvic (non-obstetric), B-scan and/or real time with image documentation; limited or follow-up	\$81.59
76880	Ultrasound, extremity, non-vascular, B-scan, and/or real time with image documentation	\$88.35
76942	Ultrasonic guidance for needle placement (ex. biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$135.20
76970	Ultrasound study, follow-up (specify)	\$63.06
76977	Ultrasound, bone density measurement and interpretation, peripheral site(s), any method	\$36.19

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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