



Vascular Surgery

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
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	\$356.37
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
76986	Ultrasonic guidance, intraoperative	\$167.67
92979	Each additional vessel (List separately in addition to code for primary procedure)	\$169.33
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (ex. periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	\$75.41
93880	Duplex scan of extracranial arteries; complete bilateral study	\$195.11
93882	Duplex scan of extracranial arteries; unilateral or limited study	\$138.64
93886	Transcranial Doppler study of the intracranial arteries; complete study	\$220.78
93888	Transcranial Doppler study of the intracranial arteries; limited study	\$149.16

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93922	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (ex. ankle, brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)	\$87.83
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (ex. Segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume)	\$140.16
93924	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study	\$172.23
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
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study (ex. Doppler waveform analysis with responses to compression and other maneuvers, phleboreography, impedance plethysmography)	\$88.63
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
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$243.23
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	\$202.80
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$147.73

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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