Coding the Point-of-Care Ultrasound

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Disclosure – I own about $250 (100 shares) of stock in Butterfly Network Inc.

Butterfly manufactures handheld ultrasound devices that are plugged into smartphones and provides training and storage plans for images. Their mission is to "democratize healthcare by making medical imaging available to everyone around the world. Nothing in this presentation should be considered an endorsement of Butterfly or its products.

Objectives

1. Understand the importance of coding in POCUS exams and its impact on patient care, reimbursement, and quality reporting.
2. Learn about the different types of codes used in POCUS exams, such as CPT codes and ICD codes, and how they are used.
3. Familiarize oneself with common coding challenges in POCUS exams.
4. Understand the benefits of using standardized codes in POCUS exams and their role in efficient coding practices.
5. Gain knowledge on best practices for accurate and efficient coding in POCUS exams, and learn about resources for continued education and training in this field.

Coding Point-of-Care Ultrasounds

- As professionals, we need to be accurately and fairly compensated for our time and skills and the services we provide.

- ANY physician may bill for a POCUS examination

- In order to receive our proper reimbursement, we need to understand the different codes used.

- Improper or inadequate documentation may lead to denials or delays in reimbursement.

Which codes are used for POCUS?

- Current Procedural Terminology (CPT) codes
  - Developed and maintained by the AMA to report specific procedures or services provided during a patient encounter.
  - This will be the most commonly used code to describe the specific POCUS procedure performed.
- Healthcare Common Procedure Coding System (HCPCS) codes
  - Used to describe services and procedures not described by CPT codes. Maintained by CMS and are used to report services for reimbursement under Medicare, Medicaid, and other federally funded programs
  - May be used for certain specialized ultrasounds, but not often for POCUS
- International Classification of Diseases, 10th Revision (ICD-10) codes
  - Used to describe diagnoses, symptoms, and procedures. Maintained by WHO
  - These will usually be necessary to justify reimbursement

CPT codes used for POCUS

- There are no POCUS specific CPT codes

- Many of your POCUS exams will have the word "limited" as a qualifier.
  - For example – CPT code 76700 – Ultrasound abdominal, complete: Requires examination and description of liver, gallbladder, bile ducts, pancreas, spleen, kidneys, and abdominal aorta.
  - CPT code 76705 – Ultrasound abdominal, limited: Describes a more limited, often one organ system, examination of abdominal organs.

CPT codes for common exams

- FAST exam
  - 76705 – Ultrasound, abdomen, limited
  - 93308 – Transthoracic echocardiogram, limited
  - 76872 – Ultrasound, pelvic (non-obstetric)

- e-FAST exam
  - 76705 – Ultrasound, abdomen, limited
  - 93308 – Transthoracic echocardiogram, limited
  - 76604 – Ultrasound, chest (non-cardiac)
  - 76872 – Ultrasound, pelvic (non-obstetric)

- Cardiac POCUS
  - 93308 – Transthoracic echocardiogram, limited

- Deep vein thrombosis of the leg
  - 93970 – Complete bilateral ultrasound, veins, lower extremity
  - 93971 – Complete unilateral ultrasound, veins, lower extremity

Coding challenges for POCUS

- Lack of clear documentation
  - Be sure to include in your report the type of exam performed, the findings, and the medical necessity.
  - You must permanently archive all images so that they are accessible for retrieval.
- Ensure medical necessity
- Difficulty determining appropriate codes
- Lack of standardized coding
- Changing coding requirements
- Many payers will only pay for one procedure and report for any given category of ultrasound per day on the same patient.
- Be sure you work closely with your coders to ensure accuracy and compliance.

Bottom Line

- A good medical coder is worth her/his weight in gold.
- Money spent in keeping your coder(s) current on the latest rules, regulations, and codes is money that will come back to you multiplied.
- The provider is ultimately responsible for the coding of their examinations. You should be familiar with how your studies are being coded and you may want to seek additional training in documentation, billing, and coding.
  - Usually, that type of training is included in certification programs and is often available from specialty organizations.
  - A note on where you can go for additional training and certification is included in your workshop program.
- Don't fall into the temptation to squeeze blood from a turnip and overcode. Even a "good faith" effort may be seen as billing fraud.

Any questions over any of today's material?