



## Ultrasound Advanced Applications

# New Category I CPT Codes for 2019

CPT®/HCPCS Code <sup>1</sup>	Modifier	CPT/HCPCS Descriptor	Physician Payment (non-facility)	Physician Payment (facility)	HOPD Payment <sup>2</sup>
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### Ultrasound Elastography

CPT codes 76981, 76982 and 76983 are new for 2019 and replace deleted Category III code 0346T. These codes describe ultrasound elastography services to evaluate parenchyma (e.g., organ) or specific lesions (i.e., breast lesions post-mammography).

Medicare pays for global, technical and professional components of ultrasound elastography services delivered in the office/freestanding facility setting under the physician fee schedule (PFS) and technical services delivered in a hospital outpatient department under the hospital outpatient prospective payment system (OPPS). Check with your payer to confirm the code(s) accepted and payment policies for ultrasound elastography services.

76981		Ultrasound, elastography; parenchyma (eg, organ)	\$109.56		
	TC		\$78.93		\$112.51
	26		\$30.63	\$30.63	
76982		Ultrasound, elastography; first target lesion	\$98.03		
	TC		\$67.39		\$112.51
	26		\$30.63	\$30.63	
76983		Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	\$60.19		
	TC		\$34.24		\$0.00
	26		\$25.95	\$25.95	

### Contrast Enhanced Ultrasound

CPT codes 76978 and 76979 are new for 2019. Contrast enhanced ultrasound had previously used C9744, a unique temporary code established by CMS for the hospital outpatient setting, and a patchwork of codes for physician office and independent diagnostic testing facility settings. These new codes bundle the entire service including the ultrasound, contrast injection and contrast agent. Medicare pays for global, technical and professional components of contrast enhanced ultrasound services delivered in the office/freestanding facility setting under the physician fee schedule (PFS) and technical services delivered in a hospital outpatient department under the hospital outpatient prospective payment system (OPPS). Check with your payer to confirm the code(s) accepted and payment policies for contrast enhanced ultrasound services.

76978		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	\$330.84		
	TC		\$247.95		\$201.74
	26		\$82.89	\$82.89	
76979		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	\$224.52		
	TC		\$180.92		\$0.00
	26		\$43.61	\$43.61	

Siemens provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. Siemens cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

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<sup>2</sup>The 2019 physician relative value units (RVUs) are from the 2019 Medicare Physician Fee Schedule (PFS) Final Rule, Addendum B. The payment rates are calculated using the 2019 PFS conversion factor of \$36.0391 and do not reflect payment cuts due to sequestration or other Medicare policies. Medicare physician payment for a given procedure in a given locality in 2019 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>. Any payment rates listed may be subject to change without notice. Actual payment to a physician or hospital will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts. Hospital outpatient rates and ambulatory payment classifications (APCs) are from the 2019 Medicare Hospital Outpatient Prospective Payment System (OPPS), Addendum B. PFS retrieved from: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.html>; OPPS retrieved from: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html>.

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