



Clinical Reimbursement Guide

Step 1. Determine which path of reimbursement to use by defining the circumstances under which your exam with Butterfly iQ was performed:

- Ultrasound examinations performed using the Butterfly IQ may be reported using the same CPT codes applicable to traditional ultrasound systems provided that all applicable requirements are met. These requirements include: documentation in the patient record, appropriate level of completeness, medical necessity (determined by the payer) and accurate CPT code selection.
- If these requirements are not met, and/or a follow-up ultrasound exam is ordered to determine the diagnosis, the ultrasound exam is considered part of the patient's initial Evaluation and Management (E/M) examination and can be billed accordingly.

Step 2. Ensure all personnel qualification and documentation criteria are met, per American Medical Association and your local Medicare contractor and/or payer guidelines:

- **Personnel Qualification**¹. These criteria tend to be distinct to Medicare, local payer/s as well as individual institutions and should be followed in strict accordance. In general, guidelines require that the examinations be performed within the scope of the physician's license. Note that some insurers require physicians to submit applications requesting ultrasound be added to their list of services performed at that institution.
- **Documentation**². The ultrasound procedure/s should be recorded in the permanent patient record, including the reason for the exam, and findings. Images should be appropriately labelled and appropriately identified.

Step 3. Billing occurs according to Current Procedural Terminology Coding (CPT and ICD-10)³

- Select the code/s that most appropriately reflect the service performed. Following are some examples, accurate as of 2019, that provide a frame of reference.

* This guide should be supplemented by correlation to local guidelines, and by no means should it have influence upon clinical decision making. Information herein was obtained from third-party sources and is subject to change without notice. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for service rendered and to ensure any services provided to patients and submitted for reimbursement are medically necessary.

1. Medicare National Coverage Determinations Manual, Ch. 1, Part 4, § 220.5, Ultrasound Diagnostic Procedures (Effective May 22, 2007) (Rev. 173, Issued: 09-04-14, Effective: Upon Implementation: of ICD-10, Implementation: Upon Implementation of ICD-10)

2. CPT 2019 Professional Edition, American Medical Association

3. Current Procedural Terminology (CPT) is copyrighted 2017 American Medical Association

Anesthesiology

		2019 Medicare Physician Fee Schedule — National average			2019 Hospital Outpatient Prospective Payment System (OPPS)	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration injection, localization device), imaging supervision and interpretation	\$58.02	\$32.08	\$25.23	Package Service	No Payment
+76937	Ultrasonic 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	\$34.60	\$14.78	\$19.82	Package Service	No Payment
93308	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording; when performed, follow up or limited study	\$100.19	\$26.31	\$73.88	\$5,523.00	\$230.56
+93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$25.59	\$3.24	\$22.34	Package Service	No Payment

Regional Anesthesiology

		2019 Medicare Physician Fee Schedule - National Average*	2019 Hospital Outpatient Prospective Payment System (OPPS)†
CPT Code	CPT Code Descriptor	Professional Payment	APC Code APC Payment
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection localization device), imaging supervision and interpretation	\$32.80	Packaged Service No Payment
64413	Injection, anesthetic agent; cervical plexus	\$84.33	\$71.35
64415	Injection, anesthetic agent; brachial plexus, single	\$67.39	\$394.00
64417	Injection, anesthetic agent; axillary nerve	\$72.80	\$394.00
64418	Injection, anesthetic agent; suprascapular nerve	\$59.10	\$53.69
64420	Injection, anesthetic agent; intercostal nerve, single	\$69.20	\$308.47
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	\$95.14	\$394.00
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	\$98.03	\$72.43
64445	Injection, anesthetic agent; sciatic nerve, single	\$75.32	\$81.44
64446	Nerve block injection, sciatic continuous infusion	\$82.17	\$394.00
64447	Injection, anesthetic agent; femoral nerve, single	\$68.83	\$66.31
64448	Nerve block injection, femoral continuous infusion	\$73.88	\$394.00
64450	Nerve block injection, other peripheral nerve	\$46.13	\$49.37

Cardiology

		2019 Medicare Physician Fee Schedule — National Average*			2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
93307	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, without spectral Doppler or color flow Doppler.	\$143.08	\$46.13	\$96.95	5523	\$230.56
93308	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; follow up or limited	\$100.19	\$26.31	\$73.88	5523	\$230.56
93303	Transthoracic echocardiography for congenital cardiac anomalies, complete	\$239.66	\$65.23	\$174.43	5524	\$497.49
93304	Transthoracic echocardiography for congenital cardiac anomalies, follow-up or limited	\$163.26	\$37.48	\$125.78	5524	\$497.49
93350	Echocardiography, transthoracic, real-time with image documentation (2D, with or without M-mode recording), during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	\$191.37	\$72.80	\$118.57	5524	\$497.49

Critical Care

Descriptor		2019 Medicare Physician Fee Schedule - National Average* Professional Payment
75989	Radiological guidance (ie, fluoroscopy, ultrasound or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	\$59.46
76604	Ultrasound, chest, real time with image documentation	\$27.75
76705	Ultrasound, abdominal, real time with image documentation; limited	\$29.91
76775	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited	\$29.55
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	\$33.88
+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	\$14.78
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$32.80
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$65.23
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$37.48
93307	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, without spectral Doppler or color flow Doppler.	\$46.13
93308	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording when performed; follow-up or limited study	\$26.31
+93325	Doppler echocardiography color flow velocity mapping	\$3.24
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$23.07

Emergency Medicine

		2019 Medicare Physician Fee Schedule - National Average*		2019 Hospital Outpatient Prospective Payment System (OPPS)	
CPT Code	CPT Code Descriptor	Professional Payment		APC Code	APC Payment
76604	Ultrasound, chest, (includes mediastinum) real time with image documentation.	\$27.75		5522	\$112.51
76705	Ultrasound, abdominal, real time with image documentation; limited (e.g., single organ, quadrant, follow-up)	\$29.91		5522	\$112.51
76775	Ultrasound retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited	\$29.55		5522	\$112.51
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	\$33.52		5522	\$112.51
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$38.92		5522	\$112.51
76830	Ultrasound, transvaginal	\$35.68		5522	\$112.51
76857	Ultrasound, pelvic (non-obstetric), or real time with image documentation; limited or follow-up (e.g., for follicles)	\$25.59		5522	\$112.51
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	\$33.88		Packaged Service	No Separate Payment
76937	Ultrasonic 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	\$14.78		Packaged Service	No Separate Payment
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection localization device), imaging supervision and interpretation	\$32.80		Packaged Service	No Separate Payment
93308	Echocardiography, transthoracic, real time with image documentation (2D)	\$26.31		5523	\$230.56

Endocrinology

		2019 Medicare Physician Fee Schedule - National Average*			2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
76536	Ultrasound, soft tissues of head and neck (e.g. thyroid, parathyroid, parotid), real time with image documentation	\$117.13	\$28.83	\$88.30	5522	\$112.51
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$58.02	\$32.80	\$25.23	Packaged Service	No Separate Payment

		2019 Medicare Physician Fee Schedule - National Average*		2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Non-Facility Payment	Facility Payment	APC Code	APC Payment
10005	Fine needle aspiration biopsy; including ultrasound guidance; first lesion	\$129.38	\$75.68	5071	\$579.34
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure, e.g. CPT code 10005)	\$61.63	\$51.54	Packaged Service	No Separate Payment
60100	Biopsy, thyroid, percutaneous core needle	\$115.49	\$81.81	5071	\$579.34

Ultrasound-guided Procedures

CPT Code	CPT Code Descriptor	2019 Medicare Physician Fee Schedule - National Average*		2019 Hospital Outpatient Prospective Payment System (OPPS)†	
		Non-Facility Payment	Facility Payment	APC Code	APC Payment
20526	Injection, therapeutic (eg local anesthetic, corticosteroid), carpal tunnel	\$79.29	\$59.82	5441	\$247.48
20527	Injection, enzyme (eg collagenase) palmar fascial cord (Dupuytren's cord) post enzyme injection	\$86.13	\$68.47	5441	\$247.48
20550	Injection(s) single tendon sheath, or ligament, aponeurosis (eg plantar "fascia")	\$54.42	\$40.72	5441	\$247.48
20551	Injection(s) single tendon sheath, or ligament, aponeurosis (eg plantar "fascia") single tendon origin/insertion	\$55.14	\$41.44	5441	\$247.48
20552	Injection(s), single to multiple trigger point(s) one or two muscle(s)	\$56.58	\$39.28	5441	\$247.48
20553	Injection(s), single to multiple trigger point(s) three or more muscle(s)	\$65.23	\$44.69	5441	\$247.48
20612	Aspiration and/or injection of ganglion(s) cyst any location	\$61.63	\$43.25	5441	\$247.48

Additional Ultrasound-guided Procedures (Do NOT report CPT Code 76942 in addition)

CPT Code	CPT Code Descriptor	2019 Medicare Physician Fee Schedule - National Average*		2019 Hospital Outpatient Prospective Payment System (OPPS)†	
		Non-Facility Payment	Facility Payment	APC Code	APC Payment
10005	Fine needle aspiration biopsy; including ultrasound guidance; first lesion	\$129.38	\$75.68	5071	\$579.34
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure, e.g. CPT code 10005)	\$61.63	\$51.54	Packaged Service	No Separate Payment
20604	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes) with ultrasound guidance, with permanent recording and reporting	\$75.68	\$48.29	5441	\$247.48
20606	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) with ultrasound guidance, with permanent recording and reporting	\$83.61	\$55.14	5442	\$598.81
20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) with ultrasound guidance, with permanent recording and reporting	\$94.06	\$63.07	5441	\$247.48

Pain Management

		2019 Medicare Physician Fee Schedule — National Average*			2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration injection, localization device), imaging supervision and interpretation	\$58.02	\$32.80	\$25.23	Packaged Service	No Separate Payment

		2019 Medicare Physician Fee Schedule - National Average*		2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Non-Facility Payment	Facility Payment	APC Code	APC Payment
64405	Injection, anesthetic agent; greater occipital nerve	\$85.41	\$55.50	5441	\$247.48
64413	Injection, anesthetic agent; cervical plexus	\$129.74	\$84.33	5442	\$598.81
64415	Injection, anesthetic agent; brachial plexus, single	\$121.81	\$67.39	5443	\$764.84
64417	Injection, anesthetic agent; axillary nerve	\$135.51	\$72.80	5443	\$764.84
64418	Injection, anesthetic agent; suprascapular nerve	\$97.67	\$59.10	5442	\$598.81
64420	Injection, anesthetic agent; intercostal nerve, single	\$113.52	\$69.20	5442	\$598.81
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	\$160.73	\$95.14	5443	\$764.84
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	\$141.63	\$98.03	5442	\$598.81
64445	Injection, anesthetic agent; sciatic nerve, single	\$140.19	\$75.32	5442	\$598.81
64447	Injection, anesthetic agent; femoral nerve, single	\$124.70	\$68.83	5442	\$598.81
64450	Injection, other peripheral nerve or branch	\$78.93	\$46.13	5442	\$598.81
64510	Injection, anesthetic agent; stellate ganglion	\$136.23	\$76.76	5443	\$764.84

Sport Medicine

		2019 Medicare Physician Fee Schedule - National Average*			2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
76881	Ultrasound, complete joint (ie, joint space and periarticular soft tissue structure(s)) real-time with image documentation	\$90.46	\$32.44	\$58.02	5522	\$112.51
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon(s), muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass[es]) real-time with image documentation	\$58.38	\$25.23	\$33.16	5522	\$112.51
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$58.02	\$32.80	\$25.23	Packaged Service	No Separate Payment

Vascular Access

		2019 Medicare Physician Fee Schedule - National Average*			2019 Hospital Outpatient Prospective Payment System (OPPS)†	
CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	APC Code	APC Payment
+76937	Ultrasonic 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	\$34.60	\$14.78	\$19.82	Packaged Service	No Separate Payment