Musculoskeletal Ultrasound Coding & Billing

Even though the procedure was routinely paid in previous years, most healthcare carriers Clinical Policy Bulletins listed CPT codes 76536 (cervical), 76604 (thoracic) and 76856 (pelvic/lumbar) as non-reimbursable when billed for "spinal" musculoskeletal ultrasound.

Carriers are consistently denying claims when CPT codes 76536, 76604 or 76856 are billed. The procedure codes trigger the denial, even with appropriate diagnosis codes. It is the testing clinic's decision if they wish to continue to bill codes 76536, 76604 and 76856 along with extremity regions (76881, 76882) that may have been imaged and reported.

The bulletins from the various healthcare carriers also list some or all of the ICD-9 diagnosis codes noted below as non-covered diagnosis codes for musculoskeletal ultrasound billing of spinal or extremity studies.

Diagnosis codes/code ranges that should NOT be used with musculoskeletal ultrasound claims:

- 338.11 – 338.29
- 353.0 – 359.9
- 722.0 – 722.93
- 723.0 – 723.9
- 724.0 – 724.9

New Extremity Ultrasound Codes effective 1/1/2011 (replaces 76880):

The reimbursement and billing policies for these new codes are currently subject to differing interpretation by carriers. The guidelines below are from research of policy and procedure manuals from UHC and other carriers.

Extremity ultrasound (CPT codes 76881 and 76882) is limited to studies of the arms and legs.

**76881**
A complete ultrasound examination of an extremity (76881) consists of real time scans of a specific joint that includes examination of the muscles, tendons, joint, other soft tissue structures, and any identifiable abnormality. It is not necessary to image the entire extremity with every diagnostic study.

1. The upper extremity includes any part of the arm from the shoulder joint through the fingers.
2. The lower extremity includes any part of the leg from the hip joint through the toes.

Only the medically necessary areas should be imaged (not required to image shoulder and elbow and wrist, etc.). *Bilateral studies are allowed only if there is pathology of both extremities* dictating medical necessity for two distinct examinations. It is not reasonable and necessary to perform the contralateral extremity as a "control." Please note, AMDx technicians will continue to perform scans bilaterally of extremities and anatomic structures as required by our interpreting radiologists even though billing and reimbursement may be limited to only the symptomatic extremity.

**76882**
A limited examination of an extremity (76882) would be performed primarily for evaluation of muscles, tendons, joints, and/or soft tissues. This is a *limited examination* of the extremity where a specific anatomic structure such as a tendon or muscle is assessed. (i.e., Trapezius and/or Sacroiliac Joints ?.)
Documentation, coding, billing notes:
1. Maximum number of billable units - extremity: 76881 = 4 (R&L upper extremities, R&L lower extremities.
2. Maximum number of billable units – limited exam: 76882 = 4?, no definitive answer but patient record would have to support necessity of all areas imaged.
3. Patient record must contain documentation of bilateral involvement of joint (76881) or anatomic structures (76882) imaged to be eligible for reimbursement of 2 units of code(s) for bilateral imaging of upper or lower extremities.
4. Codes 76881 and 76882 are NOT eligible for use of modifier “-50” (denoting bilateral services) by UHC.

Ultrasound Extremity Coding Examples:

<table>
<thead>
<tr>
<th>Bilateral Shoulder with Traps</th>
<th>Left shoulder, left elbow, left wrist, left trap*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit - 76881-TCRT</td>
<td>(Anatomic modifiers LT or RT are not req'd when only</td>
</tr>
<tr>
<td>1 unit - 76881-TCLT</td>
<td>billing 1 unit but can be used)</td>
</tr>
<tr>
<td>1 unit - 76882-TC59RT</td>
<td>1 unit - 76881-TC</td>
</tr>
<tr>
<td>1 unit - 76882-TC59LT</td>
<td>1 unit - 76882-TC59</td>
</tr>
</tbody>
</table>

* - Shoulder, elbow, wrist: Only one unit of 76881 is billable for the left upper extremity without consideration for all the separate joint areas imaged of that extremity.

Additional Musculoskeletal Ultrasound billing tips:

1. Reminder to billers to help prevent inadvertent claim denial of the non-covered diagnosis codes listed at the beginning of this update.

2. An additional tip regarding the use of “sprain/strain” (846 or 847 series) diagnosis codes on ultrasound claims. Healthcare carriers, particularly Blue Cross, will many times request additional info from the patient to determine if the sprain/strain injury occurred in an accident covered by another carrier (auto, work comp, etc.). It can slow the claim payment process.