



Last Modified: 8/15/2013 Location: FL, PR, USVI Business: Part B

Billing and coding procedure code 76942

Based upon further input, First Coast Service Options Inc. (First Coast), the Medicare administrative contractor (MAC) for jurisdiction 9 (J9) is retracting previous articles titled *Ultrasound guidance for needle placement in the office setting* and *Minimum criteria for reimbursement of diagnostic ultrasound tests*. In the 2014 proposed rule for Revisions to Payment Policies under the Physician Fee Schedule, the Centers for Medicare & Medicaid Services (CMS) proposes a reduction in the relative value units (RVUs) based on equipment inputs and procedure time assumptions for *Current Procedural Terminology (CPT®) code 76942 (Ultrasound guidance for needle placement [eg, biopsy, aspiration, injection, localization device], imaging supervision and interpretation)*. First Coast's prior guidance and recoding of 76942 to an unlisted procedure code has been rescinded and claim adjustments will be performed. However, services that were previously denied as not reasonable and necessary for an ultrasound guidance service will remain denied.

Based upon clinical literature and input from practicing physicians in several specialties, MAC J9 maintains that ultrasound guidance may not be reasonable and necessary and is not the established standard of care for all needle placement procedures. Therefore, billing and coding the ultrasound guidance procedure code 76942 with an associated procedure must be clearly supported in the medical record as meeting the reasonable and necessary threshold for coverage for the given beneficiary or it should not be coded and submitted with the claim. On audit, if the documentation does not support that the ultrasound guidance provided clinical value, the claim will be denied. Providers should also be aware of MAC J9 local coverage determinations (LCDs) which specifically non-cover or limit coverage of ultrasound guidance for specific injection procedures. For example, LCD L29298 (Florida) and LCD L29403 (Puerto Rico and U.S. Virgin Islands) - Treatment of varicose veins of the lower extremity, specifically state under Limitations "Intraoperative ultrasound guidance is not separately reimbursable," and in the Coding Guidelines the LCD states "Procedure code 76942 represents a service that is not covered by Medicare for the purposes of this LCD." Another LCD providers should be aware of is L29307 (Florida) / L29408 (Puerto Rico and U.S. Virgin Islands) - Viscosupplementation therapy for knee. This LCD specifically states under Limitations that "Imaging procedures performed routinely for the purpose of visualization of the knee to provide guidance for needle placement will not be covered. Fluoroscopy may be medically necessary and allowed if documentation supports that the presentation of the patient's affected knee on the day of the procedure makes needle insertion problematic. No other imaging modality for the purpose of needle guidance and placement will be covered."

It is not expected that a non-physician practitioner (NPP) would perform procedures utilizing 76942 as they are not qualified to "interpret" diagnostic ultrasounds. Note that this code includes "imaging supervision and interpretation." An interpretation of the ultrasound guidance must be documented in the patient's medical record in order to separately bill this procedure code.

Of note, diagnostic musculoskeletal ultrasound has unique codes. *CPT® codes 76881 (Ultrasound, extremity, nonvascular, real-time with image documentation; complete)* and *76882 (Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific)* describe an ultrasound imaging procedure for the evaluation of muscles, tendons, joints, and/or soft tissue structures generally after a standard radiograph does not determine the diagnosis and other imaging is not indicated (MRI, etc.). Use of these procedure codes with aspiration and/or injection procedures would not be expected unless a separate musculoskeletal diagnostic evaluation is indicated and documented as reasonable and necessary.

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