2019 CPT Reimbursement Reference Guide

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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	$32.80	$25.23	Packaged 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	Packaged 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	5523	$230.56
+93321	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); follow up or limited study	$27.39	$7.57	$19.82	Packaged Service	No Payment
+93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	$25.59	$3.24	$22.34	Packaged Service	No Payment

CPT Code	CPT Code Descriptor	Non-Facility Payment	Facility Payment	APC Code	APC Payment
64405	Injection, anesthetic agent; 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
64446	Nerve block injection, sciatic continuous infusion	N/A	$82.17	5442	$598.81
64447	Injection, anesthetic agent; femoral nerve, single	$124.70	$68.83	5442	$598.81
64448	Nerve block injection, femoral continuous infusion	N/A	$73.88	5443	$764.84
64450	Nerve block injection, other peripheral nerve or branch	$78.93	$46.13	5442	$598.81

The information provided above is intended to assist providers in determining the correct codes for ultrasound reimbursement purposes. The charts above contain payment information that is based on the national unadjusted Medicare physician fee schedule for the medical services discussed, as obtained from the American Medical Association in March 2018. Payment will vary by region. Clarius Mobile Health disclaims any responsibility to update the information provided. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer.

Ultrasound Guidance of Regional Anesthesia in the ASC

		2019 Medicare Physician Fee Schedule – National Average*	2019 Hospital Outpatient Prospective Payment System (0PPS)†	
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

		2019 Medicare Physician Fee Schedule – National Average*	2019 Hospital Outpatient Prospective Payment System (OPPS) for ASC†
CPT Code	CPT Code Descriptor	Physician at Facility Payment	ASC 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

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Echocardiograph

		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
93306	Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, with spectral Doppler and color flow Doppler.	$210.47	$74.96	$135.51	5524	$497.49
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	5524	$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
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report.	Non-facility Payment $72.44	NA	NA	NA	NA
+93320	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); complete.	$54.42	$18.74	$35.68	Packaged Service	No Payment
+93321	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for 2D echocardiographic imaging); follow up or limited.	$27.39	$7.57	$19.82	Packaged Service	No Payment
+93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	$25.59	$3.24	$22.34	Packaged Service	No Payment

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Emergency Medicine

		2019 Medicare Physician Fee Schedule - National Average*	2019 Hospital Outpatient Prospective Payment System (0PPS)	
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

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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 Outpatient Physician Fee Schedule - National Average*		2019 Hospital 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

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Musculoskeletal Applications

Ultrasound Services

		2019 Medicare Physician Fee Schedule - National Average*			2019 Hospital Outpatient Prospective Payment System (0PPS)†	
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

Procedures that may be ultrasound guided (report CPT Code 76942 in addition)

		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
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

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Procedures that include ultrasound guidance (Do NOT report CPT Code 76942 in addition)

		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
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

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Obstetrics and Gynecology

		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
Obstetrical						
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks O days), trans abdominal approach; single or first gestation	$124.70	$51.18	$73.52	5522	$112.51
+76802	each additional gestation (List separately in addition to code for primary procedure)	$65.23	$43.25	$21.98	Packaged Service	No Separate Payment
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks, 0 days), trans abdominal approach; single or first gestation	$143.08	$51.54	$91.54	5522	$112.51
+76810	each additional gestation (List separately in addition to code for primary procedure)	$94.78	$51.54	$43.25	Packaged Service	No Separate Payment
76811	Ultrasound, pregnant uterus, real time with image docentation, fetal and maternal evaluation plus	$184.52	$99.83	$84.69	5522	$112.51
+76812	each additional gestation (List separately in addition to code for primary procedure)	$206.14	$94.42	$111.72	Packaged Service	No Separate Payment
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, trans abdominal or transvaginal approach; single or first gestation	$124.33	$62.35	$61.99	5522	$112.51
+76814	each additional gestation (List separately in addition to code for primary procedure.)	$81.81	$52.62	$29.19	Packaged Service	No Separate Payment
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	$85.77	$33.52	$52.26	5522	$112.51
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., revaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), trans abdominal approach, per fetus	$116.41	$44.69	$71.72	5522	$112.51

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		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
Obstetrical						
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	$98.39	$38.92	$59.46	5522	$112.51
76818	Fetal biophysical profile; with non-stress testing	$123.97	$55.50	$68.47	5522	$112.51
76819	Fetal biophysical profile; without non-stress testing	$90.82	$40.36	$50.45	5522	$112.51
76820	Doppler velocimetry, fetal, umbilical artery	$48.65	$26.31	$22.34	5522	$112.51
Non-Obstetrical						
76830	Ultrasound, transvaginal	$123.97	$35.68	$88.30	5522	$112.51
76831	Hysterosonography, with or without color flow Doppler	$120.73	$37.48	$83.25	5523	$230.56
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete	$111.36	$35.32	$76.04	5522	$112.51
76857	limited or follow-up (e.g., for follicles)	$49.73	$25.59	$24.15	5522	$112.51
Procedure Guidance						
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	No Payment	$71.00	No Payment	Packaged Service	No Separate 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
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	No Payment	$35.68	No Payment	Packaged Service	No Separate Payment
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	$33.16	$19.82	$13.33	Packaged Service	No Separate Payment
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	$76.40	$35.68	$40.72	Packaged Service	No Separate Payment

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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

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Pulmonary 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
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	$90.46	$27.75	$62.71	5522	$112.51

		2019 Medicare Physician Fee Schedule - National Average		2019 Hospital 0utpatient Prospective Payment System (OPPS)	
CPT Code	CPT Code Descriptor	Non-Facility Payment	Facility Payment	APC Code	APC Payment
32555	Thoracentesis, needle or catheter, aspiration of the pleural space, with image guidance	$306.69	$116.05	5181	$620.01
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter, with image guidance	$578.43	$158.21	5182	$1,093.63

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Surgery

		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 of 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
76641	Ultrasound, breast unilateral, real time with image documentation including axilla when performed; complete.	$108.84	$37.48	$71.36	5522	$112.51
76642	Ultrasound, breast unilateral, real time with image documentation including axilla when performed; limited.	$89.02	$34.96	$54.06	5521	$62.30
76705	Ultrasound, abdominal, real time with image documentation limited (e.g., single organ, quadrant, follow-up)	$92.26	$29.91	$62.35	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
76998	Ultrasonic guidance, intraoperative	No Payment	$65.23	No Payment	Packaged Service	No Separate Payment
93880	Duplex scan of extracranial arteries; complete bilateral study	$205.42	$41.08	$164.34	5523	$230.56
93882	unilateral or limited study	$131.18	$25.59	$105.59	5522	$112.51
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	$198.94	$35.32	$163.62	5523	$230.56
93971	unilateral or limited study	$123.25	$23.07	$100.19	5522	$112.51
G0365	Vessel mapping of vessels for hemodialysis access (Services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	$125.12	$12.61	$112.51	5522	$112.51

The information provided above is intended to assist providers in determining the correct codes for ultrasound reimbursement purposes. The charts above contain payment information that is based on the national unadjusted Medicare physician fee schedule for the medical services discussed, as obtained from the American Medical Association in March 2018. Payment will vary by region. Clarius Mobile Health disclaims any responsibility to update the information provided. It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer.

		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
10022	Fine needle aspiration; with imaging guidance	$143.96	$67.66	5071	$572.85
19000	Puncture aspiration of cyst of breast	$112.44	$45.41	5071	$579.34
19083	Biopsy, breast, with placement of breast localization device(s) when performed and imaging of biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	$650.15	$164.70	5072	$1,375.50
+19084	each additional lesion	$522.21	$82.17	Packaged Service	No Separate Payment
19285	Placement of breast localization device(s), percutaneous; first lesion, including ultrasound guidance	$496.98	$90.10	5071	$579.34
+19286	each additional lesion	$429.23	$45.05	Packaged Service	No Separate Payment
60100	Biopsy, thyroid, percutaneous core needle	$115.49	$81.81	5071	$572.85

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Vascular Access

		2019 Medicare Physician Fee Schedule - National Average*			2019 Hospital Outpatient Prospective Payment System (0PPS)†	
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

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Vascular Surgery

		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
76998	Ultrasonic guidance, intraoperative	No Payment	$65.23	No Payment	Packaged Service	No Separate Payment
93880	Duplex scan of extracranial arteries; complete bilateral study	$205.42	$41.08	$164.34	5523	$230.56
93882	Duplex scan of extracranial arteries; unilateral or limited study	$131.18	$25.59	$105.59	5522	$112.51
93886	Transcranial Doppler study of the intracranial arteries complete study	$276.42	$48.29	$228.13	5522	$230.56
93888	Transcranial Doppler study of the intracranial arteries limited study	$139.18	$26.67	$112.51	5522	$112.51
93925	Duplex scan of lower extremity arteries or arterial bypass grafts, complete bilateral study	$261.28	$40.36	$220.92	5523	$230.56
93926	Duplex scan of lower extremity arteries or arterial bypass graft s, unilateral or limited study	$137.38	$24.87	$112.51	5522	$112.51
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	$198.94	$35.32	$163.62	5523	$230.56
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	$123.25	$23.07	$100.19	5522	$112.51
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and or retroperitoneal organs; complete study	$283.99	$59.10	$224.88	5523	$230.56
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and or retroperitoneal organs; limited study	$153.23	$40.36	$112.51	5522	$112.51
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts, complete study	$192.45	$40.36	$152.09	5523	$230.56
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	$122.53	$25.23	$97.31	5522	$112.51
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	$127.22	$63.43	$63.79	5522	$112.51
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	$77.48	$22.34	$55.14	5522	$112.51
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	$137.74	$25.23	$112.51	5522	$112.51

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G0365	Vessel mapping of vessels for hemodialysis access (Services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	$125.12	$12.61	$112.51	5522	$112.51
76706	Ultrasound, real time with image documentation; for abdominal aortic aneurysm (AAA) screening.	$115.33	$28.11	$87.21	5522	$112.51

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