



2019 Clinical Reimbursement Guide

[Important - Clinician must ensure that all personnel and documentation qualification criteria per the American Medical Association, Medicare, and payer guidelines are met. Examinations must be performed within the scope of the physician's license (scope of the physician's education and training). It is important to note that some insurers require physicians to submit applications requesting ultrasound be added to their list of services performed at that institution. This guide is provided as a courtesy and should be supplemented by correlation with local guidelines. It is the provider's responsibility to determine and submit appropriate codes.]

Ultrasound-Guided Procedures

		2019 Medicare Physician Schedule - National Average		2019 Hospital Outpatient Prospective Payment System	
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 facial cord (Dupuytren's) 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 muscles	\$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)

		2019 Medicare Physician Schedule - National Average		2019 Hospital Outpatient Prospective Payment System	
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, 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