

Avoid This \$45 Mistake! Know the Difference Between US Codes 76881 & 76882

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Podiatry is one of the specialties that provides joint ultrasounds, and that means providers need to know about changes to the descriptors and guidelines for ultrasound (US) codes 76881 and 76882. Below is a quick guide to be sure you're using these revised codes correctly for 2018 dates of service:

Get to Know the Updated Descriptors

The descriptors below are what you're familiar with from 2017:

- **76881** (*Ultrasound, extremity, nonvascular, real-time with image documentation; complete*)
- **76882** (... *limited, anatomic specific*).

Here are the 2018 descriptors:

- **76881** (*Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation*)
- **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*).

Understand Descriptors Better by Reading Guidelines

Complete US: In 2018, the descriptor for 76881 changes to be specific to a complete joint (including nearby soft-tissue structures). Just as in 2017, reading the definition of “complete” in the code guidelines is crucial to applying the code correctly.

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Here's a checklist to use before you report 76881 in 2018, based on the CPT code set's official guidelines:

- Complete ultrasound exam:
 - A. Joint space
 - B. Soft tissue structures around the joint
 - C. "Any identifiable abnormality"

- Documentation:
 - A. Permanently recorded images
 - B. Written report
 - C. Description of each required element AND/OR
 - D. Explanation of why a required element could not be visualized

- Optional:
 - A. Dynamic imaging
 - B. Stress maneuvers
 - C. Other additional evaluations performed as part of the complete joint ultrasound.

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Limited US: If the exam you're coding doesn't meet the requirements in the complete ultrasound exam and documentation bullets above, then you need to look to limited ultrasound code 76882. Code 76882's descriptor expands to list specific examples, including the helpful hint that this limited ultrasound code applies to evaluation of soft-tissue masses. The guidelines add the example of examination of a fluid collection in an extremity.

Don't miss: To report 76882, you must have permanently recorded images and a written report describing the exam, as well.

Appreciate the Costs of Miscoding and Poor Documentation

Based on the 2018 Medicare Physician Fee Schedule (MPFS), the national rate for complete ultrasound code 76881 is \$104.04. That's \$32.40 for the professional component and \$71.64 for the technical component.

For limited code 76882, the reimbursement will of course be lower than for the complete code. The national rate for 76882 is \$59.04, with \$25.20 for the professional component and \$33.84 for the technical component.

Comparison: Here's the difference between the national rates for the two codes:

- Global: \$45.00
- Professional component: \$7.20
- Technical component: \$37.80.