

Approved June 2022

Ultrasound Services in the Emergency Department

Revised June 2022 with
current title

Originally approved
June 2016 titled “Payment for
Ultrasound Services in the
Emergency Department”

The American College of Emergency Physicians (ACEP) recognizes clinical ultrasonography as a distinct modality that provides clinically significant data not obtainable by inspection, palpation, auscultation, or other components of the physical examination. ACEP affirms that emergency physicians have the training and expertise to perform and interpret diagnostic ultrasound examinations. Emergency physician use of ultrasound provides timely and cost efficient means to accurately diagnose the emergency department (ED)-presenting illness and injury in order to provide higher quality, lower cost care. ED ultrasound use can often reduce the need for more expensive studies, such as CTs or MRIs, and reduce unnecessary admissions for more comprehensive diagnostic workups. Ultrasound use in the ED that is appropriately performed and documented should be fairly compensated.

AMA current procedural terminology (CPT) clearly states the performance and/or interpretation of ultrasound studies performed during a patient encounter are not included in the levels of evaluation and management (E/M) service and may be separately reported:

“The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified healthcare professional reporting the E/M service.”

Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The physician’s interpretation of the results of diagnostic tests/studies (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. If a test/study is independently interpreted in order to manage the patient as part of the E/M service, but is not separately reported, it is part of the medical decision making.

Per AMA CPT guidance referenced above, payment for separately reported interpretation of ultrasound services should not be bundled into any payment for evaluation and management services. ACEP concurs that only ultrasound examinations and procedures which are permanently recorded, retrievable, and interpreted by a physician should be separately reported.

ACEP opposes exclusive contracting requirements from hospitals that prohibit emergency physicians from billing for the medically necessary contemporaneous ultrasound interpretations they perform in the care of their patients.