

Many physicians don't realize that they can bill and be reimbursed for ultrasonography services. Since ER physicians are using ultrasounds more and more frequently, these services present a great opportunity for additional revenue for physician groups. We've compiled a short list of some of the most important tips to remember when rendering ultrasound services:

- When you order and interpret an ultrasound, it's essential that you document why the procedure is being performed and why it is medically necessary.
- Your documentation should describe the structures or organs studied and provide an interpretation of your findings. Be sure and describe who performed the procedure and who interpreted the results. A tip here is to avoid just saying "negative" or "within normal limits"; be sure and note the negatives and positives as well.
- When you perform a FAST exam (focused assessment with sonography for trauma), you must document one thing about each of the cardiac, chest (generally something about pleural fluid/pneumothorax), abdominal (something about liver, kidney, spleen or bladder space) spaces. Typically, you are going to be documenting whether there is fluid in each of these three spaces.
- In the ER, most of your ultrasound work will be considered "limited". A radiologist may subsequently perform a more "complete" ultrasound interpretation, and this is fine from each provider's reimbursement perspective, since they will be reimbursed separately for each respective service.
- Surprising to some, there are dozens of different CPT codes available to ER physicians performing ultrasound work. Importantly, these codes are separate and distinct from the codes used for a standard FAST exam and serve to document things like ultrasound guided procedures and various soft tissue, musculoskeletal, thoracic and ocular ultrasound studies, among others.