

## Nonvascular Extremity Ultrasound

### CPT® Assistant.

**November 2022; Volume 32: Issue 11**

For the Current Procedural Terminology (CPT®) 2023 code set, code 76883 has been established to report a comprehensive diagnostic ultrasound of nerves and the accompanying structures throughout their entire course in one extremity. In addition, the code descriptor for code 76882 has been revised to add the term “focal evaluation” to clarify the distinction between a limited ultrasound of nerves as described by code 76882 and an ultrasound of a nerve’s entire anatomic course as described in new code 76883. An exclusionary parenthetical note has been added, restricting the use of code 76882 with code 76883. The Extremities subsection guidelines, located within the Diagnostic Ultrasound subsection, have been revised to clarify that code 76882 includes a focal evaluation of a structure(s) and to define comprehensive ultrasound of a nerve in an extremity. The updated guidelines from the CPT 2023 code set are provided below.

### Diagnostic Ultrasound

#### Extremities

Code 76881 represents a complete evaluation of a specific joint in an extremity. Code 76881 requires ultrasound examination of all of the following joint elements: joint space (eg, effusion), peri-articular soft-tissue structures that surround the joint (ie, muscles, tendons, other soft-tissue structures), and any identifiable abnormality. In some circumstances, additional evaluations, such as dynamic imaging or stress maneuvers, may be performed as part of the complete evaluation. Code 76881 also requires permanently recorded images and a written report containing a description of each of the required elements or a reason why an element(s) could not be visualized (eg, absent secondary to surgery or trauma).

When fewer than all of the required elements for a “complete” exam (76881) are performed, report the “limited” code (76882).

☒ Code 76882 represents a limited evaluation of a joint or focal evaluation of a structure(s) in an extremity other than a joint (eg, soft-tissue mass, fluid collection, or nerve[s]). Limited evaluation of a joint includes assessment of a specific anatomic structure(s) (eg, joint space only [effusion] or tendon, muscle, and/or other soft-tissue structure[s] that surround the joint) that does not assess all of the required elements included in 76881. Code 76882 also requires permanently recorded images and a written report containing a description of each of the elements evaluated.

Comprehensive evaluation of a nerve is defined as evaluation of the nerve throughout its course in an extremity. Documentation of the entire course of a nerve throughout an extremity includes the acquisition and permanent archive of cine clips and static images to demonstrate the anatomy. ☒

For spectral and color Doppler evaluation of the extremities, use 93925, 93926, 93930, 93931, 93970, or 93971 as appropriate.

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

☒ **76882**    Ultrasound, limited, joint or focal evaluation of 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

☒ (Do not report 76882 in conjunction with 76883) ☒

☒ **76883**    Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity

The codes in this code section represent a wide array of physician work. Following are the clinical examples and description of procedures for codes 76881-76883 for comparison purposes.

### Clinical Example (76881)

A 45-year-old male presents with a sore, swollen ankle, which developed gradually over a period of several weeks. He is an avid basketball player but can no longer play because of the pain. Plain radiographs were negative for fracture. The decision is made to perform a diagnostic ultrasound examination.

### **Description of Procedure (76881)**

Perform the examination by scanning the patient, including performing dynamic maneuvers as needed. Interpret real-time and stored images of the ankle including: muscles, tendons, joint, other soft tissue structures, and any identifiable abnormality. Evaluate the lateral structures of the ankle, including: (1) The peroneus longus and peroneus brevis tendons for tears, tendinosis, or tenosynovitis. Also perform dynamic imaging with circumduction of the ankle to assess for peroneal subluxation in real time; and (2) The anterior talofibular ligament, calcaneofibular ligament, and anterior inferior tibiofibular ligament for tears or scarring. Perform stress maneuvers to evaluate for ligamentous laxity and anterolateral ankle impingement. Evaluate the medial structures of the ankle, including: (1) The posterior tibial, flexor digitorum longus and flexor hallucis longus tendons for tears, tendinosis, or tenosynovitis; (2) The deltoid ligament for tears or scarring; and (3) The neurovascular bundle for signs of nerve swelling or compression. Evaluate the anterior structures of the ankle, including: (1) The tibialis anterior tendon for tears, tendinosis, or tenosynovitis; and (2) The ankle joint for effusions, synovitis, arthritic changes, and adjacent ganglion cysts. Evaluate the posterior structures of the ankle, including: (1) The Achilles' tendon for tears, tendinosis, or peritendinitis; and (2) The retrocalcaneal and retroachilles bursa for fluid collections or inflammation. Compare the exam and correlate findings to any prior studies. Dictate a report for the medical record.

### **Clinical Example (76882)**

A 36-year-old male presents with an acute injury to his Achilles tendon, sustained while playing soccer. No open wounds are noted. X rays are negative for osseous pathology. Mild erythema and edema are noted at the posterior lower leg. Ultrasound is performed to evaluate the Achilles tendon.

### **Description of Procedure (76882)**

Supervise the sonographer performing the examination, as well as personally scan the patient to perform dynamic maneuvers and/or confirm the

sonographer's impression as needed. This includes obtaining images in multiple planes through the specific area of concern (ie, Achilles tendon) and evaluating for abnormalities of a specific structure or any pathology in the area. Document normal anatomic structure and assess any pathologic findings including evidence of tendinosis, tendon tear, or paratenonitis. Perform measurements of tendon thinning and tear separation to assist in determining patient management options. Compare to the contralateral side as needed. Dictate a report for the patient's chart.

### **Clinical Example (76883)**

A 45-year-old female presents with progressive atrophy and weakness of the intrinsic muscles on the left hand associated with altered sensation on the medial aspect of the hand. An ultrasound of the left ulnar nerve and accompanying structures is ordered to assess for a disorder involving the ulnar nerve.

### **Description of Procedure (76883)**

Perform a focused H&P, position patient for procedure, and instruct the patient to report any pain or paresthesia felt during the examination from the ultrasound probe, which may reflect nerve entrapment. Use a high-frequency linear transducer and identify the nerve of interest first distally, inspecting the nerve itself and any pertinent surrounding structures, such as a ganglion cyst, anomalous muscle, bone spur, or tenosynovitis. Then follow the nerve proximally, throughout the entire length of the limb, making measurements of cross-sectional area and quantifying vascularity, mobility, and echogenicity of the nerve at potential sites of entrapment, as well as taking long axis views to evaluate for changes in morphology. For the ulnar nerve, this would include Guyon's canal in the wrist, the cubital tunnel distal to the elbow, the retrocondylar groove at the elbow, the upper arm (ligament of Struthers), and the axilla. At areas of enlargement, assess the underlying joint for osteophytes or effusions and examine the affected muscles for signs of denervation (in the case of the ulnar nerve, atrophy and increased echogenicity of the first dorsal interosseous, abductor digiti minimi, flexor digitorum profundus, and flexor carpi ulnaris muscles), with comparison to unaffected muscles as clinically indicated. Compare suspected abnormalities to the contralateral side. Record cine loops of any identified areas of entrapment or pathology. Dictate a report for the patient's chart.