CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

REGIONAL ANESTHESIA & NERVE BLOCKS TIP SHEET

Ultrasound Guidance 76942: When Is It Separately Reportable?

Using ultrasound is not enough. The guidance service must be separately reportable and completely documented.

WHY THIS MATTERS

Ultrasound is commonly used for peripheral nerve and plexus blocks, but CPT 76942 is not automatically reportable every time an ultrasound machine is used. The coder must determine whether ultrasound guidance is separately reportable with the primary procedure and whether the documentation satisfies the requirements of the guidance code.

THE CODING TIP

Procedure first. Guidance second. Identify the primary block or injection, determine whether its CPT code already includes imaging guidance, then evaluate 76942 only when ultrasound guidance is separately reportable and the record supports the required elements.

THE 4-PART 76942 CHECK

1	**IS ULTRASOUND GUIDANCE BUNDLED INTO THE PRIMARY CODE?**	If imaging guidance is inherent in the primary CPT descriptor, do not separately report 76942.
2	**WAS REAL-TIME ULTRASOUND GUIDANCE ACTUALLY USED?**	The record should support ultrasound guidance for needle placement—not merely a diagnostic scan or use of ultrasound equipment in the room.
3	**IS PERMANENT IMAGE DOCUMENTATION SUPPORTED?**	Verify that the required image documentation was captured and retained in accordance with the current CPT descriptor and payer requirements.
4	**IS THERE A WRITTEN REPORT / DOCUMENTATION OF THE GUIDANCE?**	The procedure documentation should support the ultrasound-guided service, including the relevant anatomy and guidance performed.

WHAT 76942 REPRESENTS

CPT 76942 describes ultrasonic guidance for needle placement, such as for biopsy, aspiration, injection, or localization device placement, with imaging supervision and interpretation. Current CPT language includes permanent recording and reporting requirements. Always verify the current-year descriptor before use.

WHAT TO LOOK FOR IN A REGIONAL BLOCK NOTE

- Identification of the block or injection performed.
- Ultrasound guidance documented as part of needle placement.
- Relevant anatomical structures identified or visualized.
- Needle advancement/position visualized under ultrasound when supported by the procedure.
- Local anesthetic or injectate deposition described in relation to the target when appropriate.
- Permanent image capture/retention supported.
- A written report or procedure documentation supporting the imaging guidance.
- Laterality and target anatomy consistent with the primary block code.

USING ULTRASOUND ≠ BILLING 76942

DOCUMENTATION / CIRCUMSTANCE	CODING CONCERN
“Ultrasound used” only	May not support all elements required for 76942.
Ultrasound image without procedure documentation	An image alone does not necessarily establish the complete guidance service.
Procedure note but no supported permanent image	Review current CPT and payer documentation requirements

	before reporting.
Primary procedure includes imaging guidance	Do not unbundle 76942 from a code that already includes the guidance.
Ultrasound used only to survey anatomy	Determine whether actual needle-placement guidance meeting 76942 was performed.

COMMON CODING MISTAKE

Mistake: The block note says “ultrasound guided,” so the coder automatically adds 76942.

Better approach: First determine whether guidance is already included in the primary procedure. If not, verify that the ultrasound service itself meets the current 76942 descriptor and documentation requirements.

MULTIPLE BLOCKS: DON'T MULTIPLY 76942 AUTOMATICALLY

When multiple injections or blocks are performed during the same encounter, do not assume that 76942 may be reported once for every block. Unit reporting, NCCI edits, payer policy, anatomical circumstances, and the documentation of distinct guidance services must all be evaluated. Follow the current CPT, NCCI, MUE, and payer rules.

CODER'S TIP

Look for three words in your mental checklist: GUIDANCE → IMAGE → REPORT. Then add a fourth question: “Is the guidance already included in the primary code?” If any piece is missing, investigate before adding 76942.

QUICK EXAMPLE

Scenario: A peripheral nerve block note states that the target anatomy and needle were visualized under real-time ultrasound, local anesthetic spread was observed, and permanent images were saved. The procedure documentation supports the ultrasound guidance.

Coding point: If the primary block code does not include ultrasound guidance and current CPT/NCCI/payer rules permit separate reporting, evaluate 76942. The words “ultrasound guided” alone would not have been enough to complete that analysis.

WHEN TO STOP AND REVIEW

- The primary CPT descriptor may already include imaging guidance.
- The note says ultrasound was used but does not support permanent image documentation.
- There is an image but no adequate written procedure/report documentation.
- Multiple blocks are performed and multiple units of 76942 are being considered.
- Modifier 59 or an X modifier is being considered to bypass an edit.
- The ultrasound was used for a diagnostic evaluation rather than needle-placement guidance.
- The payer has specific imaging-storage, report, bundling, or unit requirements.

AUTHORITATIVE RESOURCES

- Current AMA CPT code set — verify the exact descriptor and instructions for 76942 and the primary block/injection code.
- Current CMS Medicare NCCI Policy Manual and NCCI PTP edits — review bundling and modifier requirements.
- Current CMS MUE files when applicable — verify unit limitations.
- Current payer policy/contract — verify coverage, image retention, documentation, modifier, and reimbursement requirements.

BOTTOM LINE

Ultrasound in the room is not the same as a reportable ultrasound-guidance service.

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