POINT-OF-CARE ULTRASOUND BILLING CONSIDERATIONS IN A RESIDENCY CLINIC

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Optimizing point-of-care ultrasound (POCUS) billing in outpatient residency settings is paramount for financial sustainability, regulatory compliance, and effective education.[1-3] Teaching residents this complex aspect ensures understanding of specific Current Procedural Terminology (CPT) codes, appropriate modifiers, and documentation requirements.

Key POCUS Billing Codes

- Common CPT Codes:
  - 76700: abdominal ultrasound
  - 93306: echocardiogram
  - 76801: pelvic ultrasound
- Teach modifiers: utilize modifiers to indicate context of service (eg, Modifier 25 for a significant, separately-identifiable evaluation and management service).[4]

Training & Competency: The Faculty's Role

- **Comprehensive training:** Teach POCUS techniques and promote familiarity with billing practices using available resources (eg, organizations like STFM).
- **POCUS competencies:** Align training with recognized POCUS competencies, such as ABFM board eligibility competencies around required procedural skills, practice as personal physicians, and effective diagnosis.[5]
- **Faculty credentialing:** Faculty supervising

Financial Impact & Quality Assurance

Highlight the broader clinic and patient benefits of compliant POCUS:

- **Financial impact:** Teach that POCUS positively impacts clinic revenue through increased billing opportunities and can lower costs for patients by reducing external imaging referrals.
- **Quality assurance:** Emphasize continuous monitoring of utilization and billing. Encourage resident participation in feedback mechanisms to discuss best practices.

Essential Documentation for Billing Compliance

Comprehensive records meet billing standards.

- Components of a billable POCUS report:
  - Two patient identifiers (eg, patient name, date, and time of exam)
  - Indication for ultrasound
  - Adequacy of the scan
  - Description of findings
  - Interpretation
- **Time-stamped notes:** Include time stamps in the electronic health record (EHR) to substantiate billing claims and the service provided. Time stamps are often automatically generated with EHRs or handheld devices.
- **Image archival:** Billable scans require retrievable images for audits, to substantiate insurance claims, or for comparison and later review. Medicare requires billers to retain images for at least 5 years, but states may have different rules.

Teaching Compliance & Legal Considerations

- **Institutional policies:** Educate residents on adhering to their system's regulations for POCUS privileges and billing.
- **Regulatory adherence:** Guide residents on understanding and following federal and state billing regulations.
- **Fraud & abuse prevention:** Underscore the need for compliance to avoid allegations of billing fraud or abuse.

POCUS for Future Practice

Building resident confidence in POCUS technique and billing is vital, especially as POCUS will soon be a required procedure for American Board of Family (ABFM) certification.[5] By systematically teaching residents the interconnected elements of education, billing, and compliance, faculty can ensure the financial viability of POCUS in residency clinics and future practice.

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