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Big Win: CPT code 76937 (ultrasound guidance) can still be reported

On February 14, 2024, the proposed edit, eliminating the ability to report code 76937, was removed from the NCCI policy manual.

Timeline of events:

- Dec. 2023, The National Correct Coding Initiative (NCCI) policy manual, Chapter IX, H, 12, was updated to include 76937, implying that 76937 would not be able to be reported separately with codes that include radiological supervision and interpretation (such as most central venous access procedures) and would go into effective Jan 1, 2024.
- Dec. 2023, The Society of Interventional Radiology (SIR) advocated on behalf of our membership to dispute this update.
- Jan. 2024, CMS and the NCCI program responded that CMS evaluated our comments and the information we provided and decided to remove the 76937 proposed edit from the NCCI Policy Manual.
- Feb. 14, 2024, the proposed edit for 76937 (which would have eliminated the ability to report this code in most instances) was removed from the NCCI policy manual.

Next steps:

Speak to your administrative staff and ensure that this edit was not implemented in your Electronic Health/Medical Records (EHR/EMR). Your administrative staff should be coding and billing for 76937 when appropriate, as they always have. If you see denials from payers concerning the policy manual posted in December, send the payer the new manual revised 2/14/24 with your appeal.

CPT® Code reference

76937- Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

Medicare NCCI Policy Manual (revised 2/14/24): <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2024-chapter-9.pdf>