

Part B Insider (Multispecialty) Coding Alert

Reader Question: Documentation Should Reveal Coding Options for FAST Test

Question: I have a chart that indicates that the ED physician treated a patient with contusions to his chest and abdominal wall following a traffic accident. The physician notes say that he performed a FAST exam and found no pericardial fluid or abdominal fluid. I have heard about the FAST exam and cannot find the code anywhere in CPT®. Is it in the Ultrasound section?

Answer: There is no single code for a FAST (focused abdominal sonography for trauma) exam; the procedure involves two steps, and coding for it requires a pair of CPT® codes only one of which is in the ultrasound section. During a FAST exam, the physician first performs a limited transthoracic echocardiography to check for fluid in the chest area, then performs a limited abdominal study to check for fluid in abdomen

On your claim, report the following:

- 93308 (Echocardiography, transthoracic, real-time with image documentation [2D] includes M-mode recoding, when performed, follow-up or limited study)
- 922.1 (Contusion of chest wall) appended to 93308 to represent the patient's chest bruises
- 76705 (Ultrasound, abdominal, real-time with image documentation; limited [e.g., single organ, quadrant, follow-up]) for the second part of the FAST exam.
- 922.2 (Contusion of abdominal wall) appended to 76705 to represent the patient's abdominal bruises.

Don't forget to add modifier 26 (Professional component) to codes 93308 and 76705 to show that you are reporting only for the professional portion of the FAST exam.

Documentation should include a separately identifiable interpretative report of the ultrasound services. While, two separate reports are not required for the individual components of the FAST exam be sure that both areas are clearly noted in the documentation before reporting both codes for the encounter. An interpretive note should be included, along the lines of "Performed bedside limited ultrasound for blunt torso trauma. Pericardial space, right/left upper quadrants and pelvis were visualized: no obvious pericardial effusion or hemoperitoneum, or hypoechoic areas within the liver/splenic parenchyma that were seen. Interpretation: Normal FAST exam", would be consistent with common documentation. Additionally, keep in mind that a permanently recorded, archived, and retrievable image is required as well.