

2025 Coding Guide

PIUR tUS Infinity:

Tomographic 3D Ultrasound for the Thyroid

Physician Coding and Medicare Payment

Physicians use CPT1 codes to report procedures and services when performed in the office or in a facility. The Centers for Medicare & Medicaid Services (CMS) establishes reimbursement for CPT codes under the Medicare Physician Fee Schedule (MPFS) based on the relative value units (RVUs) assigned to each code.

To report the use of **PIUR tUS Infinity**, report CPT 76377 in addition to the thyroid ultrasound procedure, CPT 76536. CPT 76377 requires concurrent supervision of image post processing, 3D manipulation of volumetric data sets and image rendering.

		CY 2025 Medicare National Payment ²			Rates effective 01/01/2025-12/31/2025
CPT	Description	Physician Office/OBL	Physician In Facility	Work RVU	
76536	Ultrasound, soft tissues of head and neck (eg., thyroid, parathyroid, parotid), real time with image documentation	\$106	\$26	0.56	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation.	\$77	\$36	0.79	

Hospital Outpatient Facility Coding and Medicare Payment

Hospital Outpatient facilities use CPT and Healthcare Common Procedure Coding System (HCPCS) procedure codes to report services. CMS reimburses Hospital Outpatient Departments (HOPDs) for services under the Ambulatory Payment Classification (APC) system. CPT/HCPCS codes are assigned to an APC and each APC is assigned a payment on the Medicare Outpatient Prospective Payment System (OPPS) fee schedule. CMS applies different payment policies at the procedure level by assigning each CPT code a specific payment Status Indicator (SI). Status indicator "N" identifies CPT codes where payment is packaged into the payment for the primary procedure and no additional payment to the facility is made.

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Q1: STV-Packaged code. Packaged APC payment if billed on same date of service as a HCPCS assigned status indicator "S", "T", "V".

Private Payer Payment

Private payers recognize CPT codes and generally reimburse physicians and hospital outpatient facilities at negotiated/contracted rates. Medicare Advantage, Medicaid, and commercial payers may require prior authorization and may have site of service requirements. Providers should reference payer policy for guidelines.

Disclaimer:

The information contained in the guide is for informational purposes only and is current as of April 11, 2025. PIUR IMAGING makes no statement, promise or guarantee regarding reimbursement nor does this constitute legal advice.

It is always the responsibility of the provider to determine if the services provided are accurately described by any specific code(s) and to report services consistent with payer requirements. In all cases, services billed must be medically necessary, performed as reported and appropriately documented in the medical record. Payer policies vary and should be verified prior to treatment. Payment rates provided are Medicare national unadjusted payments and are subject to change without notice.

References:

1. Current Procedural Terminology 2025, American Medical Association. Chicago, IL 2024. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2024 American Medical Association.

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2. Medicare Physician Fee Schedule Lookup Tool:
<https://www.cms.gov/medicare/physician-fee-schedule/search>

3. 2025 Medicare Hospital Outpatient Prospective Payment and Ambulatory Payment Systems Final Rule, Correction Notice. CMS-1809-CN, Addenda

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