AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT

SUBJECT: Musculoskeletal Ultrasound

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Medical Societies
Members of Congress
Centers for Medicare and Medicaid Services
Managed Care Organizations/Third-Party Carriers
Insurance Companies and Commissioners

POSITIONS

1. Musculoskeletal ultrasound is a useful tool used by rheumatologists in the diagnosis, management, and treatment of rheumatic conditions.
2. The use of musculoskeletal ultrasound in rheumatology practice requires training and experience.
3. The ACR encourages Rheumatologists to pursue suitable training and a certification process of their choice.
4. Rheumatologists who have obtained training and certification in musculoskeletal ultrasound should receive fair, timely, reasonable reimbursement for their musculoskeletal ultrasound services.

BACKGROUND

Musculoskeletal ultrasound (MSUS) is patient-friendly, noninvasive, radiation-free, and relatively inexpensive compared with other imaging modalities. This imaging modality is utilized widely for the diagnosis and treatment of many rheumatic conditions. For example, MSUS verifies joint inflammation and damage, detects erosions in all stages of disease, and clarifies the physical exam efficiently. This information enhances patient care by assessing responses to treatment, helping with decisions about changing therapy, and improving joint injection accuracy and outcome (1-3). MSUS guidance improves needle placement, reduces procedural pain during arthrocentesis, and improves clinical outcomes. For example, US guided aspiration, drainage, and injection of hips remains a reliable, lower cost procedure where imaging guidance is necessary (1). There is considerable evidence for the importance of ultrasound assessment in rotator cuff and other shoulder diseases (1). MSUS has been found to reliably detect disease where the clinical assessment remains uncertain and is particularly helpful in distinguishing inflammatory from noninflammatory conditions (4-6). Again, in many cases, an experienced user not only confirms the disease process, but also gathers necessary information that contributes to treatment decisions. The extent of disease and damage accrual may be determined at the point of care which avoids delays in appropriate therapy, precludes more expensive testing and procedures, and leads to more affordable, quality patient care (4,7-9). Reasonable use of MSUS by rheumatologists has been systematically reviewed and published (1).

Rheumatologists continue to add value to the treatment of musculoskeletal conditions, and MSUS is just one example of how rheumatologists save money in healthcare. Appropriate substitution of MSUS over other modalities results in substantial cost savings (4,7-9). Moreover, earlier detection and treatment of rheumatic conditions may lead to a decrease in costly procedures, burdensome disease complications, and missed work or disability. Throughout the world, MSUS technology is widely recognized as a point of care procedure that enhances patient care. Rheumatologists remain the authority in the management and treatment of arthritis conditions, and MSUS remains a meaningful diagnostic and interventional tool in rheumatology practices.

TRAINING

The ACR recognizes the importance of demonstrating knowledge and competency for performing MSUS. Rheumatologists may obtain ultrasound training as part of their rheumatology training programs. In addition, the ACR and other accredited entities provide courses to educate rheumatologists how to effectively utilize musculoskeletal ultrasound in their practice. The ACR has created rheumatology-specific training and certification options.

CERTIFICATION

Experienced MSUS users must demonstrate competence in their skills and promote the highest patient care and safety. Benchmarks for MSUS competency are established, and the ACR encourages providers to pursue certification. There are several avenues for certification, and the ACR supports the member's right to choose the program that is best suited to their needs and practice. Like other specialty societies, the ACR offers training and certification programs to its members. The ACR's Musculoskeletal Ultrasound Certification in Rheumatology program, or RhMSUS, is designed to train and document proficiency. These training and certification exams are a measure of the user's capabilities. Practices may also obtain accreditation for their facility. The ACR asks for a sensible time frame for individual practitioners to obtain certification, and requests that accreditation for practices remain optional.

CODING AND PAYMENT

Contracted providers who perform musculoskeletal ultrasound should receive fair and timely reimbursement for their services. In accordance with CPT coding guidelines, the exact code for the service must be utilized. The bundled CPT codes for joint injection with musculoskeletal ultrasound guidance are 20604 (e.g., fingers, toes), 20606 (e.g., wrist, ankle, elbow) and 20611 (e.g., shoulder, hip, knee). The specified code for a limited diagnostic ultrasound is 76882 and for a complete diagnostic evaluation is 76881. Musculoskeletal ultrasound procedures must be adequately documented in the medical record with permanently recorded images.

In the context of a rheumatology practice, MSUS procedures do not replace the clinical evaluation and management of the patient. The evaluation and management of the rheumatology patient involves integrated history, physical exam, disease activity measurement, complex lab, and imaging analysis. Thus, the professional component of the rheumatologists' evaluation and management should be reimbursed appropriately. For rheumatologists, MSUS should not be considered incidental to the E&M, such as isolated points of care in radiology departments.

RESEARCH

The ACR recognizes the importance of pursuing ultrasound-related research in the rheumatic diseases in order to improve the diagnostic, prognostic, and therapeutic capabilities of our

clinicians. Rheumatology sonographers continue to complete scholarly projects and investigate the utility of this procedure. The ACR will continue to support MSUS education, patient care, and research efforts.

REFERENCES

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