


The Short Version

You can claim an H100 (\$19.65):

- **IF** you use the probe for assessment of the potentially life threatening indications
 - AAA
 - PCE
 - cardiac standstill
 - intraabdominal hemorrhage
 - ruptured ectopic (ie rule in IUP)
- **AND** you maintain a permanent record (ie Qpath!)
- **AND** document your interpretation (ie Qpath!)



Qpath satisfies
these
requirements!

Payment Rules

You can bill up to two H100 codes per patient per day, if the second scan is a follow up study (ie re-assess for intraabdominal hemorrhage).

You cannot bill separate H100 for individual indications (ie PCE and AAA are one study not two separate H100 codes)

If you feel you can bill more than 2 - please document why on the chart as it will need to be submitted for manual review and we will need documentation.

Example:

Case: 64 male with abdominal pain presents at 1600 on Thursday

ED course: You assess the patient in the ER at 1705 including Hx/PE and labs and POCUS for r/o AAA. You re-assess at 2000 and determine the need to perform a CT. The results return @2200 but the patient requires more analgesia prior to discharge (2355)

Document: **ED Assessment + Re-assessment note and time + POCUS results (ideally Qpath!)**

Blue Sheet Coding: **H133 + H100 + H134 x 2**