

November 17, 2021

OB ULTRASOUND

SVC CHARGE CAPTURE

DEPARTMENT OF RADIOLOGY
UNIVERSITY *of* WASHINGTON



CHARGING OVERVIEW

Non-Invasive Radiology Imaging:

Charges trigger from the order after Radiologist finalize report

Invasive Radiology Procedures:

Charges are posted by ERHI coding staff

GENERAL INFORMATION

- Billing for OB ultrasound is based on the clinical indication for the exam
- Detailed Anatomy OB ultrasound can only be billed for high-risk pregnancy
 - One detailed scan per pregnancy
- When an OB ultrasound is ordered after a positive pregnancy test, but ultrasound does not show any signs of pregnancy, a limited OB ultrasound should be billed

OB ULTRASOUND, 1ST TRI (<14 WEEKS)

CPT CODES:

- 76801 – Single or first gestation
- +76802 – Each additional gestation
 - Includes:
 - Determination of the number of fetuses
 - Gestational sac/fetal measurement appropriate for gestation
 - Survey of visible fetal and placental anatomic structure
 - Qualitative assessment of amniotic fluid
 - Gestational sac shape
 - Examination of maternal uterus and adnexa

NUCHAL TRANSLUCENCY MEASUREMENT

CPT CODES:

- 76813 – Single gestation
- +76814 - Each additional gestation

Per ACR, if a nuchal translucency measurement is requested in the first trimester in addition to a complete ultrasound (76801/76802) or a limited ultrasound (76815), it would be appropriate to charge for both the nuchal translucency study and the first trimester or limited ultrasound exam.

CPT 76813 and 76814 describe a detailed evaluation of the soft tissues of the posterior aspect of the fetal neck that is not included in the first trimester OB ultrasound CPT codes 76801/76802.

FIRST TRIMESTER OB ULTRASOUND

	PROCEDURE	EXAM CODE	PROCEDURE	EXAM CODE
	1ST TRIMESTER		1ST TRIMESTER W/ NT	
SINGLE GESTATION	US OB FIRST TRIMESTER SINGLE FETUS	UOB1	US OB NT SINGLE WITH 1ST TRIMESTER US	UOBNTM1
TWINS	US OB TWIN FIRST TRIMESTER	UOB1TWIN	US OB NT TWINS WITH 1ST TRIMESTER US	UOBNTTWIN
TRIPLETS	US OB TRIPLET FIRST TRIMESTER	UOB1TRIP	US OB NT TRIPS WITH 1ST TRIMESTER US	UOBNTTRIP
QUADS	US OB QUAD FIRST TRIMESTER	UOB1QUAD	US OB NT QUADS WITH 1ST TRIMESTER US	UOBNTQUAD
	FOLLOW UP 1ST TRIMESTER		FOLLOW UP 1ST TRIMESTER W/ NT	
SINGLE GESTATION	US OB FOLLOW UP FIRST TRIMESTER	UOBF1	US OB NT SINGLE WITH FOLLOWUP 1ST TRIMESTER	UOBNTM1FU
TWINS	US OB TWIN FIRST TRIMESTER FOLLOW UP	UOB1TWINFU	US OB NT TWINS WITH FOLLOW UP 1ST TRIMESTER	UOBNTTWNFU
TRIPLETS	US OB TRIPLET FIRST TRIMESTER FOLLOW UP	UOB1TRIPFU	US OB NT TRIPS WITH FOLLOWUP 1ST TRIMESTER	UOBNTTRPFU
QUADS	US OB QUAD FIRST TRIMESTER FOLLOW UP	UOB1QUADFU	US OB NT QUADS WITH FOLLOWUP 1ST TRIMESTER	UOBNTQADFU

OB ULTRASOUND, SECOND/THIRD TRIMESTER (>OR= 14 WEEKS)

CPT CODES:

- 76805 – Single gestation
- +76810 – Each additional gestation
 - Includes:
 - Determination of number of fetuses and amniotic sacs
 - Measurements appropriate for gestational age
 - Survey of intracranial/spinal/abdominal anatomy
 - Survey of four-chambered heart, umbilical cord insertion site
 - Placenta location and amniotic fluid assessment
 - Examination of maternal adnexa, when visible



This is our “Basic Anatomy” Scan

DETAILED OB ULTRASOUND

CPT CODES:

- 76811 – Single gestation
- +76812 – Each additional gestation
 - Includes:
 - Determination of the number of fetuses and amniotic sacs
 - Measurements appropriate for gestational age
 - Survey of intracranial/spinal anatomy
 - Survey of four-chambered heart
 - Detailed evaluation of the fetal brain/ventricles, face, heart/outflow tracts
 - Detailed evaluation of the umbilical cord/placenta location/amniotic fluid assessment
 - Detailed evaluation of the chest and abdominal organ anatomy
 - Number, length, and architecture of the limbs
 - Examination of maternal adnexa, when visible

Report should document the results of the evaluation of each element described above or the reason for non-visualization

DETAILED OB ULTRASOUND

One detailed scan per pregnancy for high-risk indications only

Detailed OB ultrasound is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal abnormality or increased risk for fetal abnormality. Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities.

If there are no high-risk indications for a “Detailed Anatomy” scan, it should be billed as a “Basic Anatomy” exam.

INDICATIONS FOR DETAILED ANATOMY SCAN

Indications for a detailed fetal anatomic examination include, but are not limited to the following conditions:

- Previous fetus or child with a congenital, genetic, or chromosomal abnormality
- Known or suspected fetal anomaly or known growth disorder in the current pregnancy
- Fetus at increased risk for a congenital anomaly, such as the following:
 - Maternal pregestational diabetes or gestational diabetes diagnosed before 24 weeks' gestation
 - Pregnancy conceived via assisted reproductive technology
 - High maternal body mass index (≥ 30 kg/m²)
 - Multiple gestations
 - Abnormal maternal serum analytes, including α -fetoprotein level and unconjugated estriol
 - Teratogen exposure
 - First-trimester nuchal translucency measurement of 3.0 mm or greater
- Fetus at increased risk for a genetic or chromosomal abnormality, such as the following:
 - Parental carrier of a chromosomal or genetic abnormality
 - Maternal age of 35 or older years at delivery
 - Positive screening test results for aneuploidy, including noninvasive prenatal testing
 - Soft aneuploidy marker noted on an ultrasound examination
 - First-trimester nuchal translucency of 3.0 mm or greater
- Other conditions affecting the fetus, including the following:
 - Congenital infections
 - Maternal drug dependence
 - Alloimmunization
 - Isoimmunization
 - Oligohydramnios
 - Polyhydramnios
- Suspected placenta PAC or risk factors for PAS such as placenta previa in the third trimester or a placenta overlying a prior cesarean scar site

SECOND/THIRD TRIMESTER OB ULTRASOUND

	PROCEDURE	EXAM CODE	PROCEDURE	EXAM CODE
	BASIC ANATOMY		DETAILED ANATOMY	
SINGLE GESTATION	US OB BASIC ANATOMY SECOND THIRD TRIMESTER	UOB2	US OB DETAILED ANATOMY SECOND THIRD TRIMESTER SINGLE FETUS	UOBC
TWINS			US OB SECOND THIRD TRIMESTER ANATOMY TWINS	UOBTWINC
TRIPLETS			US OB SECOND THIRD TRIMESTER ANATOMY TRIPLETS	UOBTRIPC
QUADS			US OB SECOND THIRD TRIMESTER ANATOMY QUADRUPLETS	UOBQUADC

Multiple Gestation pregnancy is considered a high-risk

LIMITED OB ULTRASOUND

CPT 76815 – Limited, 1 or more fetuses

Represents a focused “quick look” exam limited to the assessment of one or more of the following elements:

- Fetal heartbeat
- Placental location
- Fetal position
- Qualitative amniotic fluid volume

Billed only once for single or multiple gestations

PROCEDURE	EXAM CODE
LIMITED	
US OB LIMITED	UOBL
US OB AMNIOTIC FLUID INDEX	UOBAI

FOLLOW-UP OB ULTRASOUND

CPT 76816 – follow up, per fetus

Includes:

- Reassess fetal size and interval growth
or
- Re-evaluate anatomic abnormalities of the fetus previously demonstrated on ultrasound

	PROCEDURE	EXAM CODE
	FOLLOW-UP	
SINGLE GESTATION	US OB FOLLOW UP	UOBF
TWINS	US OB TWIN FOLLOW UP	UOBTWINFU
TRIPLETS	US OB TRIPLET FOLLOW UP	UOBTRIPFU
QUADS	US OB QUAD FOLLOW UP	UOBQUADFU

TRASVAGINAL

CPT 76817 - OB transvaginal

Describes a transvaginal OB ultrasound performed separately or in addition to one of the transabdominal examination

PROCEDURE	EXAM CODE
TRANSVAGINAL	
US TRANSVAGINAL OB	UOBTV

Billed once per “encounter”

FETAL DOPPLER VELOCIMETRY

CPT CODES:

- 76820 – UA Doppler
- 76821 – MCA Doppler

These codes are billed “per fetus”

PROCEDURE	EXAM CODE
FETAL DOPPLER	
US FETAL UMBILICAL ARTERY	UOBUA
US FETAL MID CERBRAL ARTERY	UOBMCA

Combination of UA and MCA Doppler should only be used when UA is abnormal

Spectral doppler of ductus venosus is considered bundled into UA doppler CPT and not separately billed.

BIOPSYCIAL PROFILE

CPT CODES:

76819 – BPP, w/o non-stress testing

76818 – BPP, with non-stress testing

These codes are billed “per fetus”

	PROCEDURE	EXAM CODE
	BPP	
SINGLE GESTATION	US FETAL BIOPHYSICAL PROFILE	UOBPP
TWINS	US FETAL BIOPHYSICAL PROFILE 2 FETUSES	UOBPP2
TRIPLETS	US FETAL BIOPHYSICAL PROFILE 3 FETUSES	UOBPP3

FETAL ECHO

76825 – Fetal Echocardiography, 2D, with or without M-mode recording

76826 – follow up or repeat study

Includes examination of cardiac, 4 chamber, inflow and outflow views of the fetal vena cava, pulmonary artery, ductus arteriosus, aortic arch and atrial and ventricular septate

76827 – Fetal Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display, complete

76828 – follow up or repeat study

These codes describe the examination of the fetal heart by spectral Doppler technique

+93325 – Doppler echocardiography, color flow velocity mapping

Is reported when color flow mapping is performed along with grayscale Doppler Imaging

FETAL ECHO

	PROCEDURE	EXAM CODE	PROCEDURE	EXAM CODE
	INITIAL		FOLLOW UP	
FETAL ECHO	US OB FETAL ECHO 2D	UOBEC2	US OB FETAL ECHO F/U	UOBECF
FETAL ECHO COMPLETE	US OB FETAL ECHO COMPLETE	UOBECC	US OB FETAL ECHO COMPLETE FOLLOW UP	UOBECCF

FETAL ECHO COMPLETE - includes 2D, Spectral, and Color Flow Velocity mapping

FETAL ECHO

Question:

A complete prenatal fetal echocardiogram is performed 76825. A follow-up echocardiogram is performed at a later date, but this is a complete study as well. Is it appropriate to report code 76825, again, or must code 76826 be reported for this study?

Answer:

If all of the elements of the initial fetal echocardiogram are repeated and documented, it is appropriate to report code 76825, *Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording*, again, instead of code 76826, *Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study*.

Elements of the initial fetal echocardiogram include:

- imaging of the fetus to identify fetal orientation and the fetal cephalic/caudal ends, extremities, and spine;
- determination of fetal sinus (fetal visceral orientation);
- evaluation of all parts of the heart, including venous connections, chambers, competence and movement of valves, and great arterial connections; and
- evaluation of cardiac function with M mode (and/or spectral Doppler when indicated).

Reference: CPT Assistant, September 2017

ORGAN DUPLEX SCAN

Complete

93975 - arterial inflow AND venous outflow

For organs that are bilateral, both should be completely evaluated in order to bill complete study

Limited

93976 - arterial inflow OR venous outflow

PROCEDURE	EXAM CODE
US FETAL ORGAN DOPPLER COMPLETE	UOBORGDC
US FETAL ORGAN DOPPLER LIMITED	UOBORGDL

Color Flow is not separately billable – in order to bill 93975/93976 a true vascular analysis must be performed and documented

3D RECONSTRUCTIONS

“Independent workstation” refers to a separate computer or workstation used for the purpose of 3D reconstructions

CPT CODES:

- 76376 - 3D rendering with interpretation and reporting, W/O post processing on independent workstation
- 76377 – 3D rendering with interpretation and reporting, WITH post processing on independent workstation

AMA defines 3D post-processing as:

3D rendering codes address complex renderings such as shaded surface rendering, volumetric rendering, quantitative analysis (segmental volumes and surgical planning), and maximum intensity projections when such renderings can be performed on the scanner or when it requires the use of an independent workstation.

3D RECONSTRUCTIONS

3D Charge should be added at End Exam

Technologist Navigator - End Exam: 6/11/2021

✖ Go Back ✔ Mark as Ended

BestPractice
Staff Info
Order Sets
Orders
Meds Admin
Assess/Remove...
Notes
Pt Rad Status

US OB NT SINGLE WITH -
1ST TRIMESTER US

Supplies

Charge Capture 1
Specimen Collec...

Charge Capture

Edit Defaults
Diagnoses: High risk pregnancy due to assisted reproductive technology [O09.819 (ICD-10-CM)]

Search for new charge + Add

Tech Charge Add Ons 2

19084 - US Breast Biospy Additional 76377 - NeuroQuant

70491 - PAN SCAN Neck with Contrast 76377 - US 3D Reconstruction

76376 - 3D Reconstruction w/o Independent Misc 76979 - US Trgt Dynamic Microbubble ea add'l Lesion

OR 3

76377 - 3D Reconstruction w/ Independent Misc 78020 - NM Thyroid Met Uptake

Charges to be Accepted Upon Leaving the Section

Accept Charges 4

Description	Charge Code	Code	Dx	Service Date
☆ 76376 - 3D Reconstruction w/o Independent Misc		IMGCHG497		06/11/2021

MICC PROCEDURES

Ultrasound guidance provided to MFM faculty

We bill technical component for US guidance only

DESCRIPTOIN	CPT	PROCEDURE	EXAM CODE
ULTRASOUND GUIDANCE FOR MFM			
Amniocentesis	76946	US OB AMNIOCENTISIS GUIDANCE	UOBAG
Chorionic Villus Sampling	76945	US GUIDED CHORD VILLUS SAMPLE	UOBCVS
Cordocentesis (PUBS) or Fetal Transfusion	76941	US FETAL TRANS CORD GUIDE	UOBTRA
Fetal Reduction (KCL)	76942	US GUIDED NEEDLE BX	UGUIDE

OB ULTRASOUND VS. PELVIC ULTRASOUND

Question:

Can we use the OB ultrasound codes when the US identifies an ectopic pregnancy or no pregnancy?

Answer:

When a patient has a positive HGG indicating a pregnancy, it is appropriate to assign correct OB ultrasound code. The correct CPT code choice is based on indications, not outcome

Question:

When a pelvic US is ordered when a pregnancy is not known, but pregnancy is found, do we code a standard pelvic ultrasound or an OB ultrasound?

Answer:

The correct CPT code choice is based on indications, not outcome, therefore, the appropriate pelvic US code should be assigned

LIMITED VS. FOLLOW-UP SCAN

Limited OB Indications:

- Check fetal heartbeat
- Placental location
- Check fetal position
- Qualitative Amnionic fluid volume (AFV) measurement

Billed once per “exam”

Follow up OB indications:

- Fetal size **re-evaluation** (using standard **growth parameters & AFV**)
- Organ system **re-evaluation** (suspected/confirmed to be abnormal)

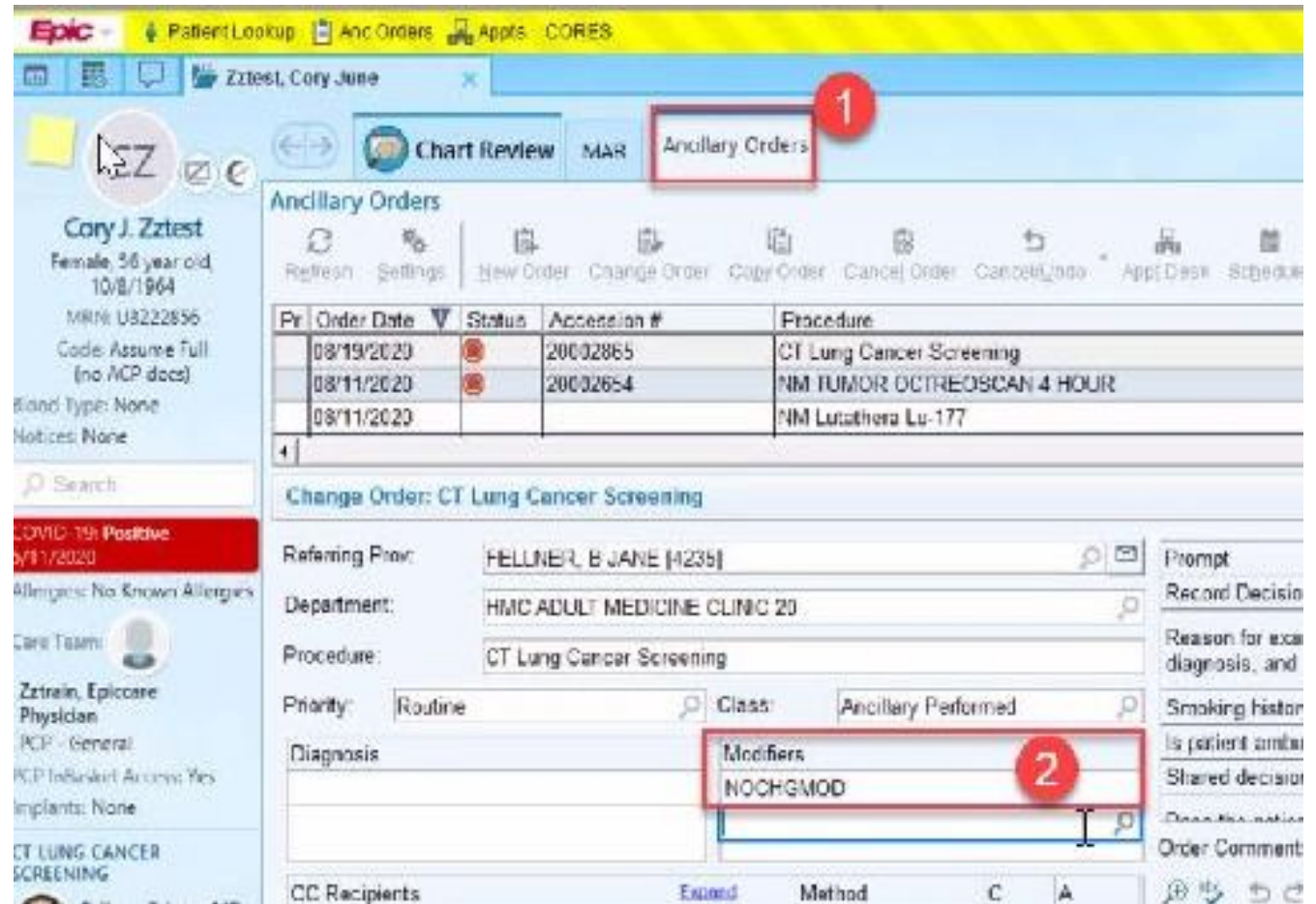
Billed once per “fetus”

NO CHARGE EXAMS

No Charge Modifier can be added to a study to ensure charges do not drop

1. Open Ancillary Orders for the patient
2. Enter the **NOCHGMO**

NOCHGMO deletes all charges linked to the order



SUMMARY

- When billing OB ultrasounds, clinical indications/medical necessity should be considered.
- Detailed Anatomy OB ultrasound should not be billed for routine ultrasounds.
 - These codes are intended for and limited to high-risk pregnancy only.
- Limited OB should be billed when an OB ultrasound is ordered after a positive pregnancy test, but ultrasound does not show any signs of pregnancy.
- To ensure accurate charge posting, make sure correct exam(s) completed.
- When 3D reconstructions performed, add 3D charge via tech navigator charge capture.

Questions?

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***Thank you for your
time!***