CPT coding
• ICD-9 and ICD-10
• Supervision requirements
• Appropriate documentation and coding
  • Obstetrical ultrasound
  • Gynecologic ultrasound
  • 3D/4D sonography

ICD-10-CM Diagnosis Coding
• Diagnostic services during an encounter/visit
  • Sequence: diagnosis, condition, problem, or other reason (symptom) for encounter/visit
• Outpatient encounters for diagnostic tests and procedures and the final report is available at the time of coding
  • Code any confirmed or definitive diagnosis documented in the interpretation.
  • Do not code related signs and symptoms as additional diagnosis

www.cdc.gov.nchs
**International Classification of Diseases (10th Revision) - ICD-10**

- ICD-10 promotes international comparability in the collection, classification, processing and presentation of mortality statistics.
- Developed collaboratively between WHO and 10 international centers.
- The code-set will grow from its current 17,000 codes to more than 141,000, and the format is new with seven alpha-numeric codes instead of five numeric digits.

*www.cdc.gov.nchs*

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**CPT Coding and RVU’s**

<table>
<thead>
<tr>
<th>CPT</th>
<th>RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional component</td>
<td>Relative value unit associated with each service</td>
</tr>
<tr>
<td>Technical component</td>
<td>2016 Conversion $35.8043</td>
</tr>
</tbody>
</table>

*www.cms.gov*

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**Professional Component (-26)**

- The physician
  - Supervises the test
  - Interprets the test
  - Prepares the written report

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**Technical Component (-TC)**

- Costs associated with
  - The technician’s salary/benefits
  - The equipment
  - Any necessary supplies

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**Fully Implemented Non-Facility Billing**

- A code reported without a modifier

- Combines
  - Professional component
  - Technical component
  - Any necessary supplies
  - Image storage
Physician Supervision

- General Supervision
- Direct Supervision
- Personal Supervision

Medicare Requirements for Physician Supervision of Sonographers. www.acog.org/departments

Physician Supervision

General Supervision

- Procedure is furnished under the physician’s overall direction and control.
- The physician’s presence is not required during the performance of the procedure.
- The training of the nonphysician personnel who perform the diagnostic procedure and equipment maintenance are the responsibility of the physician.

Medicare Requirements for Physician Supervision of Sonographers. www.acog.org/departments

Physician Supervision

Direct Supervision

- The physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.
- The physician’s in-room presence is not required during the performance of the procedure.

Medicare Requirements for Physician Supervision of Sonographers. www.acog.org/departments

Physician Supervision

Personal Supervision

- Physician must be in attendance in the room during the performance of the procedure.

Medicare Requirements for Physician Supervision of Sonographers. www.acog.org/departments

Physician Supervision

Personal Supervision of Gyn US

- Sonohysterography (ultrasound)
  - 76831 - TC

Medicare Requirements for Physician Supervision of Sonographers. www.acog.org/departments
www.cms.gov

www.cms.gov
Medicare Fee Schedule
Supervision Requirements
- 0 Procedure is not a diagnostic test or procedure is a diagnostic test that is not subject to the physician supervision policy.
- 1 Procedure must be performed under the general supervision of a physician.
- 2 Procedure must be performed under the direct supervision of a physician.
- 3 Procedure must be performed under the personal supervision of a physician.
- 9 Concept does not apply.

Coding – Ob Sonography
1st Trimester
- 76801 Ultrasound pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
- 76802 ; each additional gestation. Add on code to 76801.

Coding – Ob Sonography
Vaginal Sonography
- 76817 Ultrasound pregnant uterus, real time with image documentation, transvaginal
- No contingency for multiple gestations
- If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to the appropriate transabdominal code

Coding – Ob Sonography
2nd/3rd Trimester
- 76805 Ultrasound pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥14 weeks 0 days), transabdominal approach; single or first gestation
- 76810 ; each additional gestation. Add on code to 76805

Level 1 Scan
Survey
- Viability (cardiac activity)
- Fetal number
- Fetal presentation
- Amniotic fluid volume
- Placental position
Fetal biometry
- BPD, HC, AC, FL, EFW

76805 Standard Content: Basic Scan
Survey
- Viability (cardiac activity)
- Fetal number
- Fetal presentation
- Amniotic fluid volume
- Placental position
Fetal biometry
- BPD, HC, AC, FL, EFW
Anatomic survey
- Head, face and neck, chest, abdomen, spine, extremities, gender
Maternal anatomy
- Cervix, adnexa, uterine anomalies
76805

Essential Elements of Anatomy

- Head, face and neck
  - Cerebellum, choroid plexus, cisterna magna, lateral ventricles, midline falx, lips
- Chest
  - 4-chamber cardiac view
- Abdomen
  - Stomach, kidney, bladder, cord insertion, cord vessels (adrenal glands)
- Spine
  - Cervical, thoracic, lumbar, sacral
- Extremities
  - Legs and arms present or absent
  - (comment on inability to visualize all extremities)

Fetal Imaging

- Executive Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, American Institute of Ultrasound in Medicine, American College of Obstetricians and Gynecologists, American College of Radiology, Society for Pediatric Radiology, and Society of Radiologists in Ultrasound Fetal Imaging Workshop


Inability to Visualize Anatomy

- Obese women
  - Ultrasound at 20-22 weeks
  - 2 weeks later than in the nonobese patient

Inability to Visualize Anatomy

- If fetal anatomy cannot be assessed completely
- Follow-up examination in 2-4 weeks
- Comment on any limitation of the exam
- Follow-up
- Only as clinically indicated

Coding – Ob Sonography

- 76811 Ultrasound pregnant uterus, real time with image documentation, maternal evaluation plus detailed fetal evaluation, transabdominal approach; single or first gestation
- 76812; each additional gestation.
  - Add on code to 76811

Detailed Anatomic Examination

- 76811
  - Performed when an anomaly is suspected on the basis of history, biochemical abnormalities, or the results of either the limited or standard [basic] scan
Because this code is assigned more RVUs than the basic obstetrical sonogram (76805), the SMFM believes the code describes an examination involving significantly more work, and requiring greater expertise than that required for 76805.

Additionally, sophisticated equipment, rather than typical office level ultrasound machines, will be required to obtain the necessary imaging detail.

The level of expertise required to perform this examination can generally only be obtained through the extended education beyond residency that is acquired in a fellowship in Maternal-Fetal Medicine or Radiology...Use of this code by general obstetricians should be the exception rather than the rule.

- Previous fetus or child with a congenital, genetic, or chromosomal abnormality
- Known or suspected fetal anomaly or known growth disorder in current pregnancy
- Maternal pregestational diabetes or gestational diabetes before 24 weeks
- High BMI (> 35 kg/m²)
- Multiple gestation
- Abnormal maternal serum analytes
- Teratogen exposure
- 1st trimester NT > 3.0 mm

Other conditions affecting the fetus:
- Congenital infections
- Maternal drug dependence
- Isoimmunization
- Oligohydramnios
- Polyhydramnios
76811

655.8
• Suspected or known chromosomal abnormality
796.5
• Abnormal finding on antenatal screening
278.01
• Severe obesity (BMI ≥ 35)

Coding – Ob Sonography

Limited study

• 76815 Ultrasound pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
• Use 76815 only once per exam and not per element

Coding – Ob Sonography

A limited examination is performed when a specific question requires investigation. For example, a limited examination could be performed to confirm fetal heart activity in a bleeding patient or to verify fetal presentation in a laboring patient. In most cases, limited sonographic examinations are appropriate only when a prior complete examination is on record.

Coding – Ob Sonography

2nd/3rd Trimester, Follow-up study

• 76816 Ultrasound pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
• Report 76816-59 for each additional fetus examined in a multiple pregnancy.

Coding – Ob Sonography

2nd/3rd Trimester

• What about the patient who presents for a repeat study later in the pregnancy?
• Code by status of indication
  • If new indication, use 76805
  • If not new, use 76816
    • Even if complete biometry and amniotic fluid assessment performed

Coding – Ob Sonography

Biophysical Profile

• 76818 Fetal biophysical profile; with non-stress testing
• 76819 Fetal biophysical profile; without non-stress testing
**Coding – Ob/Gyn Sonography**

**Fetal Echocardiography**

- **76825** Fetal initial (2D +/- m-mode)
- **76826** F/U or repeat (2D +/- m-mode)
- **76827** Doppler echo - initial
- **76828** Doppler echo – F/U or repeat
  - Add to 76825, 26826
- **93325** Color mapping
  - Add to 76825, 76826, 76827, 76828

**Fetal Evaluation**

- **76820** Umbilical artery Doppler
- **76821** Middle cerebral artery Doppler

**3-D Rendering**

- **76376** and **76377**
  - 3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality
  - Add on codes to appropriate ultrasound code(s)

**Modifiers**

- **22** Unusual complexity
- **26** Professional component
- **52** Reduced services
- **59** Distinct procedural service, same day (e.g., referral for suspected fetal anomaly on the same day)
  - Ob uses **76805**
  - Consultant uses **76811-59**

**Nuchal Translucency**

- **76813** Ultrasound pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal; single or first gestation (List separately in addition to code for primary procedure)
Coding – Ob Sonography
Nuchal Translucency

- **76814** Ultrasound pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal; each additional gestation (List separately in addition to code for primary procedure)

ICD-9 Codes

- Use all that apply
- Prioritize
- Sparingly use “V codes” (screening codes) as a primary indication
- Note: Advanced maternal age may not be accepted as an indication for ultrasound or amnio
  - Can use “suspected or known chromosomal abnormality” (655.8)
  - May use diagnosis as reflected on final report

Coding - Gyn Ultrasound

- Vaginal sonography
  - Dimensions
  - Morphology
  - Dynamic studies
  - 3-D
- Abdominal sonography
- Sonohysterography

76830 –Echography, transvaginal

- Complete evaluation of the female pelvic anatomy – vaginal study
- Elements
  - Description and measurements of uterus and adnexal structures (cervix)
  - Measurement of the endometrium
  - Description of the cul-de-sac and fluid
  - Description of the bladder (if applicable)
  - Description of any pelvic pathology

Adnexa

- Ovaries
  - Dimension
    - Length
    - Width
    - Depth
  - Morphology
  - Motion
  - Doppler
- Fallopian Tubes
  - Usually not visualized

76856 – Gyn Abdominal
(add to TVS)

- Complete evaluation of the female pelvic anatomy – abdominal study
- Elements
  - Description and measurements of uterus and adnexal structures
  - Measurement of the endometrium
  - Measurement of the bladder (when applicable)
  - Description of any pelvic pathology
76857 – Gyn Limited or follow-up

- Ultrasound, pelvic (nonobstetric), real-time with image documentation; limited or follow-up (e.g. for follicles)
- 76857
  - Used if follow-up of urinary bladder alone, i.e. post-void residual, imaged
- 51798
  - Used for post-void residual non-imaging: i.e. Bladder scan

Coding Gyn Sonography

Doppler Studies

- 93975 Duplex scan of A/V flow: Abdomen and pelvic – Complete
- 93976 Duplex scan of A/V flow: Abdomen and pelvic - Limited

76942

- 76942 Ultrasonic guidance for needle placement imaging supervision and interpretation

76998 – Intraoperative Ultrasound

- Ultrasound guidance, intraoperative
- 76998
  - Ultrasound guided follicular aspiration
  - Ultrasound guided transfer
  - Ultrasound guided insemination
76998 – Intraoperative Ultrasound

Ultrasound guidance, intraoperative

- Documentation may be incorporated into the operative report. A separate report is not required
- Reimbursement for TC = 0.00

Sonohysterography

- 76831 Hysterosonography; with or without color flow Doppler
  - Includes elements of TVS, therefore is no separate charge for TVS
- 58340 Introduction of contrast agent or saline

Sonosalpingography

- 76831 Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
  - Includes all elements of 76830 (TVS)
- 58340 Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

Endometrial Cryoablation

- 58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
  - Code 58356 cannot be reported with CPT codes 58100, 58120, 58340, 76700, 76856

CPT Coding Rules

- Pre-service work can be reported only if “significant and separately identifiable.”
- Discussions of procedure & obtaining informed consent is NOT reported separately

CPT Coding Rules

- Pre-service work can be reported if:
  - Performing another procedure or evaluating another problem
  - Evaluating the patient and decide to perform an ultrasound during the visit
Coding in OB-Gyn Sonography

- Physician interpretation and signed final report are components of all codes
- A signed note in the progress notes or patient chart is adequate
- It is preferable to take photographs and place with the note (compliance issues)
- It is preferable to have a formal, final report, retaining all images for the SOL

CPT General Coding Rules

- The diagnosis code should demonstrate the medical necessity for the procedure
- Report only the procedures that were performed and documented

CPT Coding Rules

- Do not change the codes reported in order to obtain reimbursement for non-covered services.
- Report the highest valued procedure code first on the claim form.

Thank You

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