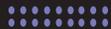




Society for
Maternal – Fetal
Medicine

Ultrasound & Antepartum Testing Services



Who performs ultrasounds in your practice?

Physicians

Sonographers, with
physician interpretation

Sonographers and
physicians

Other

We bill an E/M service with the ultrasound _____.

Always

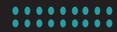
Never

Most of the
time

Occasionally

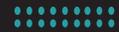
I don't know

Fetal testing by an MFM



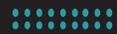
- There have been significant advancements in technology and diagnostic tools
 - The use of these tools is the cornerstone of MFM practice
 - As tools have changed, codes have changed (and will continue to change)
- Let's review the tools, the associated codes, and their use...

But before that...



- The parts of an ultrasound and other diagnostic tests
 - Professional component
 - Technical component
- **Professional Component (26)**
 - Supervision of test (if any)
 - Interpretation
 - Written report
- **Technical Component (TC)**
 - Technician salary/benefits (if any)
 - Equipment
 - Necessary supplies

Reviewing specific modifier usage



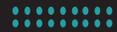
- Performed at hospital or other facility:
 - Physician who performs or interprets the test bills the Professional Component (26)
 - Facility bills the Technical Component (TC)
- Performed at physician's office or physician owned facility:
 - Physician reports total service without a modifier

Obstetrical ultrasounds



- CPT includes notes to help define services
- Language added to general guidelines
- “Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation, and final, written report, is not separately reportable.”

Obstetrical ultrasounds

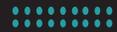


- New guideline regarding written report(s) which states:

A written report (eg, handwritten or electronic) signed by the interpreting individual should be considered an integral part of a radiologic procedure or interpretation.

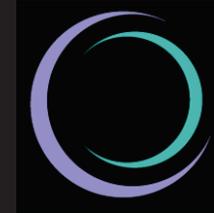
With regard to CPT descriptors for radiography services, “images” refer to those acquired in either an analog (ie, film) or digital (ie, electronic) manner.

Obstetrical ultrasounds



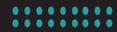
- Therefore, ultrasound codes are **NOT** reported when:
 - Ultrasound is used as means to perform component of physical exam
 - Equipment does not produce hard copy or permanent digital image
 - Only brief summary noted in E/M service
- **Must document distinct, final written report with interpretation**

Obstetrical ultrasounds



Action	Person(s) involved	Focus
Testing	Sonographer/ Physician	Performance of ultrasound exam
Results	Sonographer/ Physician	Compiling of findings from ultrasound exam
Interpretation	Physician	Determination of the meaning of the findings with consideration of clinical circumstances
Report	Physician	Work product of the interpretation of test results. Permanent report (written or digital) of results and interpretation required.

Obstetrical ultrasounds



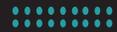
- An ultrasound report should include:
 - Exam performed (using CPT codes)
 - Indication for procedure (using ICD codes)
 - Interpretation of the exam/findings
 - Description of required elements or reason not visualized
 - Physician signature on interpretation and final reports

Obstetrical ultrasounds



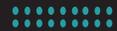
- If multiple services are performed:
 - Each service should be documented separately
 - The time of day for each service if performed at different times on the same day
- Communication of results to the patient is part of the service
 - We'll clarify how and where to draw the line.

What's included?



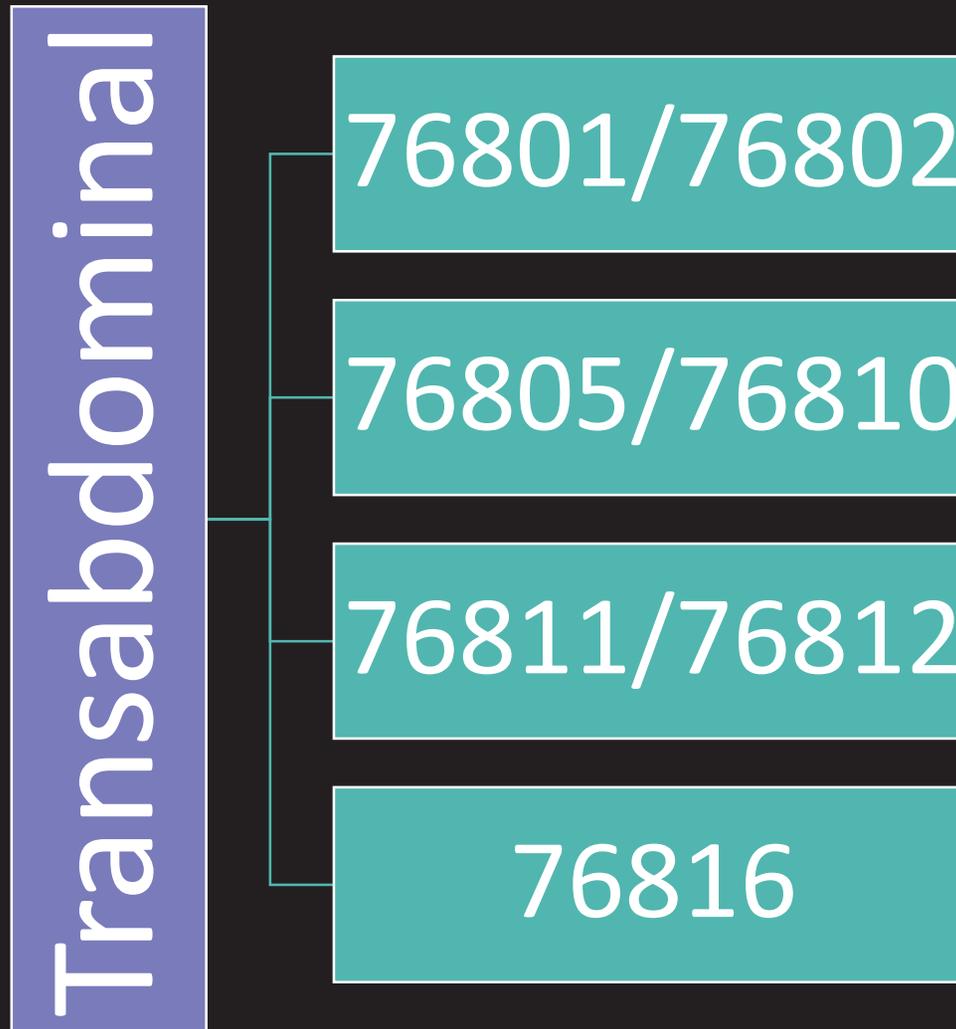
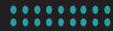
- Post-service work
 - Preparing a complete report for the medical record
 - Reviewing and signing the prepared report
 - Discussing the *normal* findings with the patient and referring physician when appropriate

What's not included?

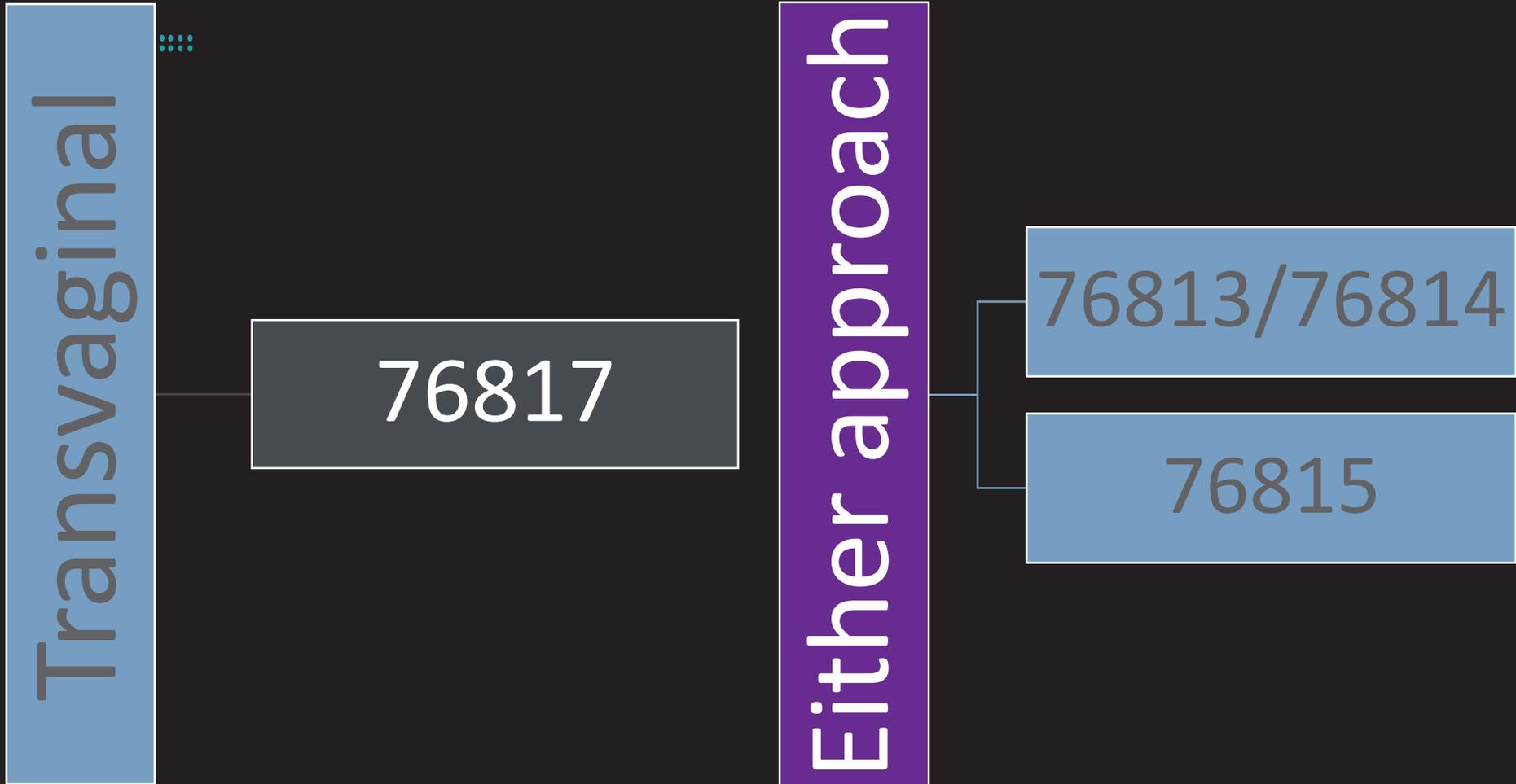


- Counseling or any further discussion with the patient if there are abnormal findings, and developing management/treatment plan options
 - These can therefore be reported separately, and billed with the appropriate evaluation and management code (992xx).

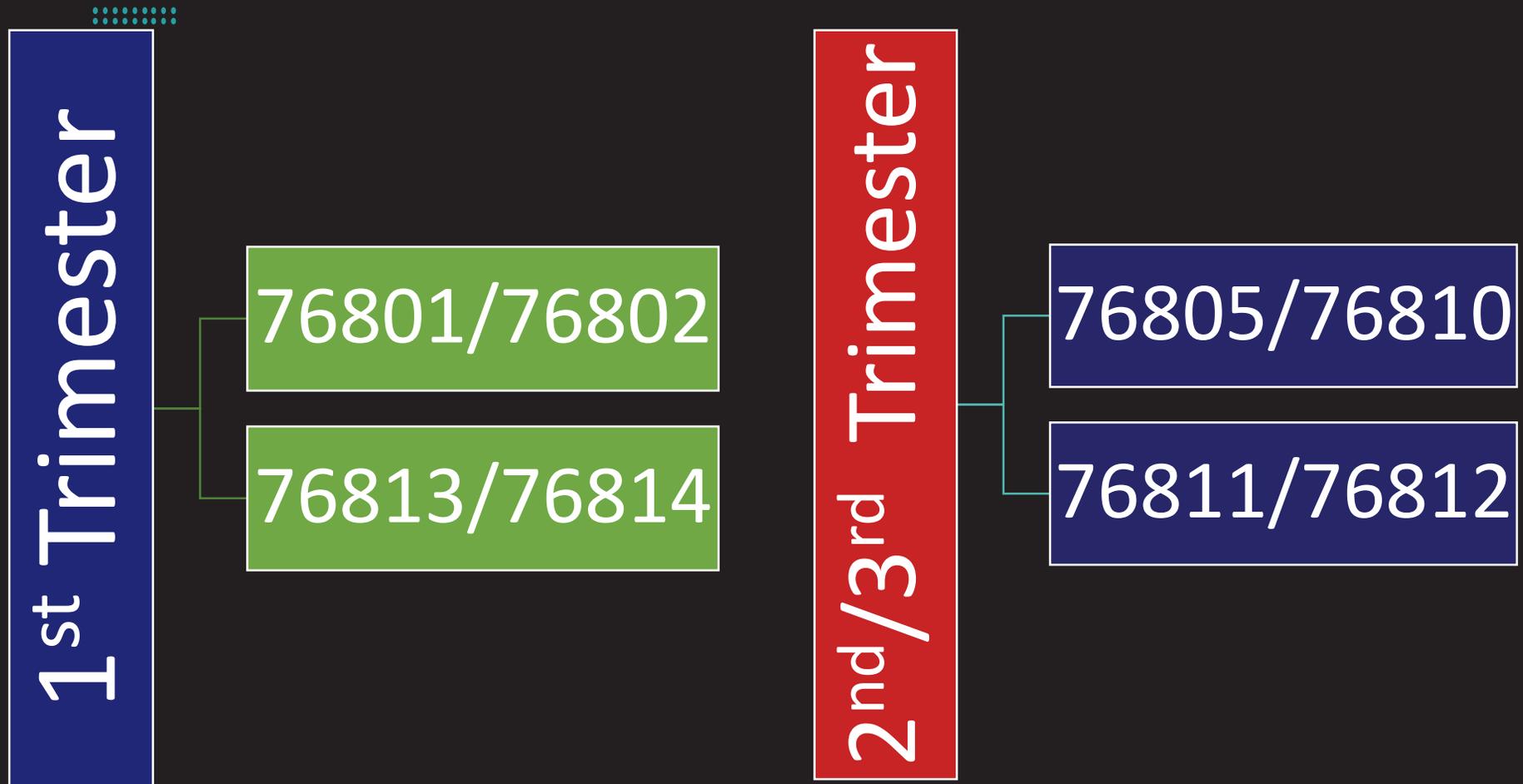
Ultrasound codes, by approach



Ultrasound codes, by approach



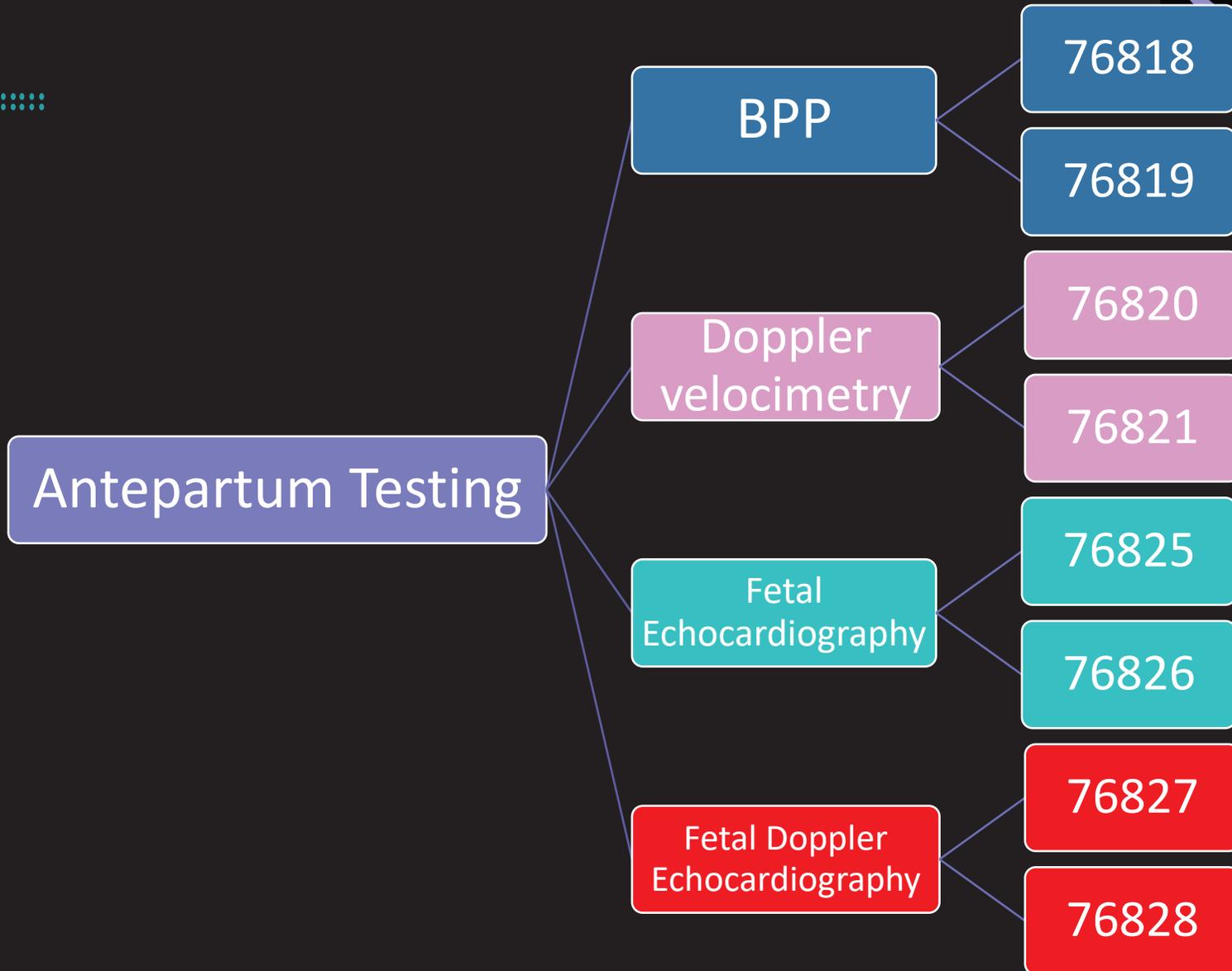
Ultrasound codes, by trimester



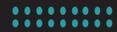
Ultrasound codes, by trimester



Antepartum testing



76801/76802

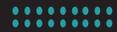


Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation

each additional gestation (List separately in addition to code for primary procedure performed)

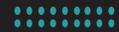
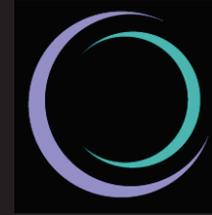


76801/76802



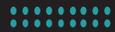
- Determination of the number of gestational sacs and fetuses
- Gestational sac/fetal measurements appropriate for gestation
- Survey of visible fetal and placental anatomic structure
- Qualitative assessment of amniotic fluid volume/gestational sac shape
- Examination of maternal uterus and adnexa
- Service **generally** performed for a **specific** indication (with associated diagnosis(es))

Possible diagnoses



- Z36.87 Antenatal screening for uncertain dates
- Clinically relevant indications, such as:
 - O20.0 Threatened abortion
 - O26.891/R10.2 Oth spec preg. conditions/Pelvic pain
 - O99.- Other maternal diseases

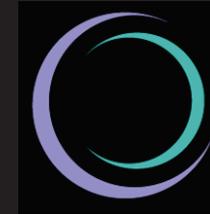
Darla



- Darla is a 36 year old G₄P₂₀₁₂ who presents for an ultrasound because size was greater than dates on initial evaluation by pelvic examination. She is found to have twins on ultrasound. Dr. Dotson performs the study, which confirms the pregnancy dating, and the chorionicity of the twins. She is 12 weeks pregnant with diamniotic, monochorionic twins.

Darla

Dr. Dotson



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.								
A.	O26.841*			B.	O30.031			C.	O09.521			D.	Z3A.12								
E.				F.				G.				H.				23. PRIOR AUTHORIZATION NUMBER					
I.				J.				K.				L.									
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.		F.		G.	I.	J.				
From						POS	(Explain Unusual Circumstances)				DX POINTER		\$ CHARGES		DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	MM	DD	YY		CPT	MODIFIER													
						11	76801				ABCD				1		NPI				
						11	76802				ABCD				1		NPI				

ICD-10 Codes

O26.841*

O30.031

O09.521

Z3A.12

ICD-10 Description

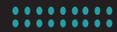
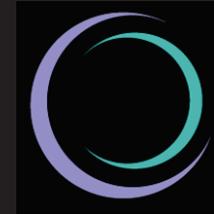
Uterine size-date discrepancy, 1st trimester

Twin pregnancy, monochorionic/diamniotic, 1st trimester

Supervision of elderly multigravida, 1st trimester

12 weeks gestation

76813/76814



Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

each additional gestation (List separately in addition to code for primary procedure)



We bill 76813 with 76801 _____.

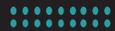
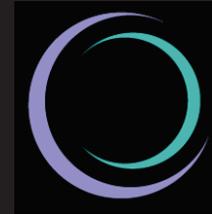
Always

Never

When there is a
clinical indication

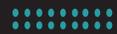
I don't know

76813/76814



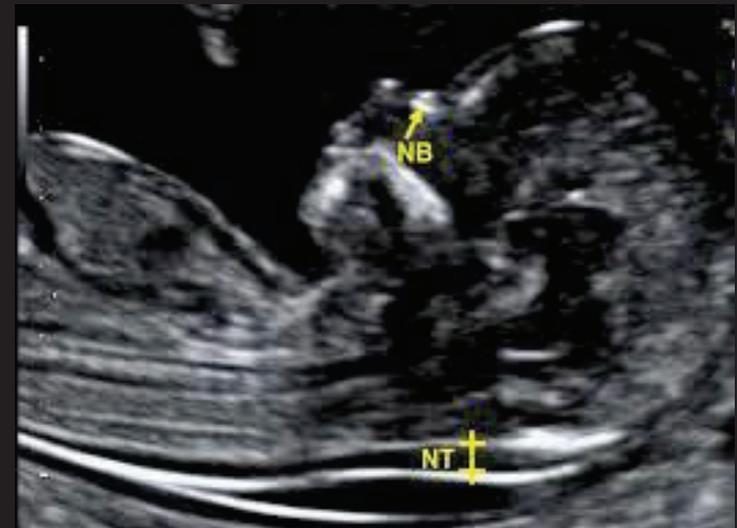
- Performed first trimester to assess risk of chromosomal abnormalities
- Transabdominal or transvaginal approach
 - Should not be billed routinely in combination with codes 76801-76802 (first trimester ultrasound)
 - Documentation should support need for both services

76813/76814

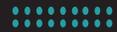


- These codes include three components:
 - **Fetal viability**
 - **Crown/rump measurement**
 - **Nuchal thickness measurement**

- Most likely diagnosis:
 - Z36.82 Encounter for antenatal screening for nuchal translucency



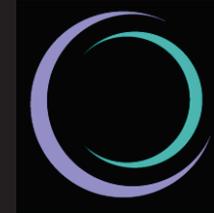
Ellen



- Ellen is a 22 year old G_1P_0 who presents for first trimester genetic screening. Her 1st trimester ultrasound at her obstetrician's office suggested a twin gestation, but this could not be confirmed with certainty. A transabdominal scan confirms that she is carrying twins. Dr. Ellerbee performs the studies, which confirms the pregnancy dating, and the chorionicity of the twins. She is 13 weeks pregnant with diamniotic, dichorionic twins.

Ellen

Dr. Ellerbee



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	B.			C.			D.											
23. PRIOR AUTHORIZATION NUMBER																		
24.A. DATE(S) OF SERVICE										B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.
From		To				POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	MM	DD	YY		CPT	MODIFIER										
						11	76801			AC		1	NPI					
						11	76802			AC		1	NPI					
						11	76813			BC		1	NPI					
						11	76814			BC		1	NPI					

ICD-10 Codes

ICD-10 Description

O30.041

Twin pregnancy, dichorionic/diamniotic, first trimester

Z36.82

Screening for nuchal translucency

Z3A.13

13 weeks gestation of pregnancy

If the required measurements for a nuchal translucency can't be obtained, what can be billed?

76813

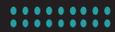
76815

76817

76813-52

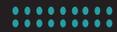
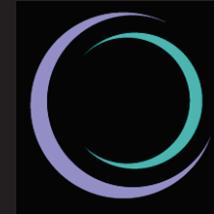
Nothing can
be billed

The options...



- 76817 (OB Transvaginal Ultrasound)
 - Provided all required components (i.e. fetal viability) are adequately documented in the final report.
- 76815 (Limited Ultrasound Study)
- 76813-52 (Reduced Service)

76805/76810

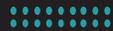


Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

each additional gestation (List separately in addition to code for primary procedure performed)



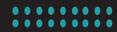
76805/76810



- **76805/76810** includes evaluation of the following fetal and maternal components in the second and third trimesters.

The following information is based on the ***Consensus Report on the Detailed Fetal Anatomic Ultrasound Examination: Indications, Components, and Qualifications***

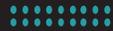
76805/76810



Head and Neck Region:

- Lateral Cerebral ventricles
- Choroid plexus
- Midline falx
- Cavum septi pellucidi
- Cerebellum
- Cisterna magna

76805/76810



Face:

- Upper Lip

Chest:

- Cardiac activity
- Four chamber view
- Left ventricular outflow tract
- Right ventricular outflow tract



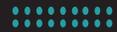
76805/76810



Abdomen:

- Stomach (presence, size, and situs)
- Kidneys
- Urinary Bladder
- Cord insertion site into fetal abdomen
- Umbilical cord vessel number

76805/76810



Spine:

- Cervical
- Thoracic
- Lumbar
- Sacral spine



76805/76810



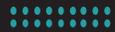
Extremities:

- Legs
- Arms

Placenta:

- Placenta location
- Relationship to internal os
- Appearance
- Placental cord insertion (when possible)

76805/76810

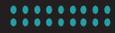


Standard Evaluation:

- Fetal Number
- Presentation
- Qualitative or semi-qualitative estimation of amniotic fluid



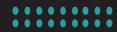
76805/76810



Biometry:

- BPD
- Head circumference
- Femur Length
- Abdominal circumference
- Fetal weight estimate (EFW)

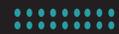
76805/76810



Maternal Anatomy:

- Cervix (TV when indicated)
- Uterus
- Adnexa

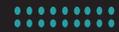
Possible diagnoses



- Z36.3 Antenatal screening for malformation, OR

- Clinically relevant indications, such as:
 - O09.5-- Advanced maternal age
 - O26.84- Size/date discrepancy
 - O99.- Other maternal diseases

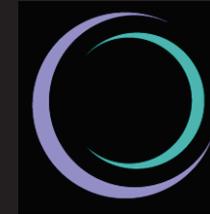
Fran



- Fran is a 26 year old G₂P₁₀₀₁ presents at 18 weeks of gestation to her obstetrician's office 120 miles away from Dr. Franklin's unit. She is known to have dichorionic twins. Her medical and family histories are unremarkable. Dr. Franklin has an agreement with that office to read their ultrasound studies remotely. The patient is unable to come to Dr. Franklin's office, so a standard twin anatomy study is done locally.

Fran

Dr. Franklin



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.			
A.	O30.042			B.	Z3A.18			C.				D.				
E.				F.				G.				H.				
I.				J.				K.				L.				
24.A. DATE(S) OF SERVICE							B.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	I.	J.
From							POS	(Explain Unusual Circumstances) CPT MODIFIER				DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
MM	DD	YY	To	MM	DD	YY										
							11	76805	26		AB			1	NPI	
							11	76810	26		AB			1	NPI	

ICD-10 Codes

ICD-10 Description

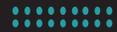
O30.042

Twin pregnancy, dichorionic/diamniotic, second trimester

Z3A.18

18 weeks gestation of pregnancy

76811/76812



Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation **plus detailed fetal anatomic examination**, transabdominal approach; single or first gestation

each additional gestation (List separately in addition to code for primary procedure performed)



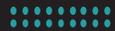
If all elements of the detailed anatomy scan are performed,
76811/76812 can be billed.

True

False

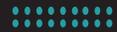
I don't
know

76811/76812



- It requires **everything** required in 76805/76810, **plus** the elements to be described.
- It requires an appropriate clinical indication as reflected in the *Consensus Report*.
- Some components depend on the gestational age at the time the examination is performed. Components marked with an asterisk (*) are performed when medically indicated.

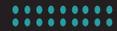
76811/76812



Head and Neck Region:

- 3rd ventricle and 4th ventricle*
- Corpus callosum*
- Integrity and shape of cranial vault
- Brain parenchyma
- Neck

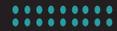
76811/76812



Face:

- Profile
- Coronal face (nose/lips/lens*)
- Palate*, maxilla, mandible and tongue*
- Ear position and size*
- Orbits*

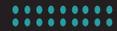
76811/76812



Chest:

- Aortic arch
- SVC/IVC
- 3 vessel and trachea view
- Lungs
- Integrity of diaphragm
- Ribs*

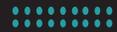
76811/76812



Abdomen:

- Bowel-small and large*
- Adrenal glands*
- Gallbladder*
- Liver
- Renal arteries*
- Spleen*

76811/76812



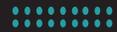
Spine:

- Shape and curvature

Extremities:

- Number: architecture & position
- Hands
- Feet
- Digits: number & position*

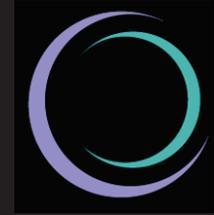
76811/76812



Placenta:

- Masses
- Placental cord insertion
- Accessory/succenturiate lobe with location of connecting vascular supply to primary placenta*

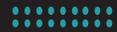
76811/76812



Biometry:

- Cerebellum*
- Inner and Outer Orbital Diameters*
- Nuchal thickness (16-20 weeks)
- Nasal Bone measurement (15-22 weeks)
- Humerus*
- Ulna/Radius*
- Tibia/Fibula*

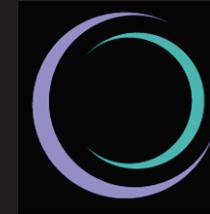
Grace



- Grace is a 36 year old G_2P_{1001} at 19 weeks gestation. Dr. Gibson previously evaluated her pregnancy and confirmed her dates and the chorionicity of the pregnancy. She has a diamniotic monochorionic twin gestation. Her interval history is unremarkable.

Grace

Dr. Gibson



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.		
A.	B.			C.			D.			23. PRIOR AUTHORIZATION NUMBER					
E.	F.			G.			H.								
I.	J.			K.			L.								
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	I.	J.
From						POS	(Explain Unusual Circumstances)				DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
MM	DD	YY	MM	DD	YY		CPT	MODIFIER							
						11	76811			ABC			1	NPI	
						11	76812			ABC			1	NPI	

ICD-10 Codes

O30.032

O09.522

Z3A.19

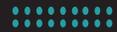
ICD-10 Description

Twin pregnancy, monochorionic/diamniotic, 2nd trimester

Supervision of elderly multigravida, 2nd trimester

19 weeks gestation

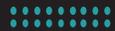
76815



Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses

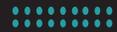


76815



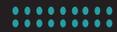
- The maximum number of times this service can be billed per day?
 - 1
- It is used in any trimester
- No approach designation-typically used in connection with the abdominal approach

76815



- “Quick look” of *one or more* of the following:
 - Fetal position
 - Fetal heart beat
 - Placental location
 - Qualitative amniotic fluid volume
- Or, a limited service when a complete service has been done elsewhere

Helen



- Helen is a G5P3104 who is at 16 weeks 0 days, with a history of spontaneous preterm birth. She presented today for a consultation with Dr. Harlan. Dr. Harlan did a limited ultrasound to look at the placental location, which was concerning to the obstetrician on the anatomy scan earlier that week. The transabdominal scan indicated that the placenta was low-lying and posterior, but there was no previa evident.

Helen

Dr. Harlan



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	O44.42			B.	O09.212			C.	Z3A.16			D.						
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER										
I.		J.		K.		L.												
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.				
From						POS	(Explain Unusual Circumstances) CPT MODIFIER			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	To	MM	DD										YY			
						11	76815		ABC			1	NPI					
													NPI					

ICD-10 Codes

ICD-10 Description

O09.212

Supervision of pregnancy with hx of preterm labor, 2nd trimester

O44.42

Low lying placenta w/o hemorrhage

Z3A.16

16 weeks gestation

Helen

Dr. Harlan



If placenta had been normal

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	Z03.72			B.	O09.212			C.	Z3A.16			D.						
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER										
I.		J.		K.		L.												
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.				
From						POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	MM	DD	YY		CPT	MODIFIER										
						11	76815		ABC			1	NPI					
													NPI					

ICD-10 Codes

Z03.72

O09.212

Z3A.16

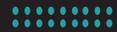
ICD-10 Description

Encounter for suspected placental problem, ruled out

Supervision of pregnancy with hx of preterm labor, 2nd trimester

16 weeks gestation

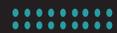
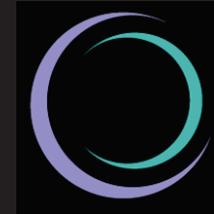
76816



Ultrasound, pregnant, uterus, real time with image documentation, *follow-up* (eg, 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



76816



Ultrasound, pregnant, uterus, real time with image documentation, **follow-up** (eg, 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**

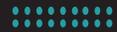


76816



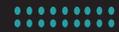
- “Follow up” strongly implies a previous ultrasound
 - CPT says...
 - “designed to **reassess** fetal size and interval growth or **reevaluate** one or more anatomic abnormalities of a fetus **previously demonstrated** on ultrasound...”

76816



- An unusual reporting of multiple gestation
 - (Report 76816 with modifier 59 for each additional fetus examined in a multiple pregnancy)
- Fetus 1 76816
- Fetus 2 76816-59
 - Diagnosis O30.0--

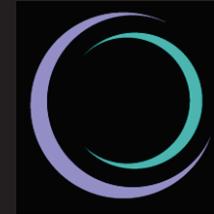
Iris



- Iris is a 35yo G₃P₁₀₀₁ @ 32 weeks 2 days with twins, who is being seen by Dr. Irvine for a follow-up growth scan. She has dichorionic/diamniotic twins.

Iris

Dr. Irvine



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	O30.043			B.	O09.523			C.	Z3A.32			D.						
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER										
I.		J.		K.		L.												
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.				
From						POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	MM	DD	YY		CPT	MODIFIER										
						11	76816		ABC			1	NPI					
						11	76816	59	ABC				NPI					

ICD-10 Codes

ICD-10 Description

O30.043

Twin pregnancy, dichorionic/diamniotic, 3rd trimester

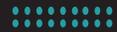
O09.523

Supervision elderly multigravida, 3rd trimester

Z3A.32

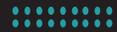
32 weeks gestation

76816



- Can you bill 76805 twice in a pregnancy?
- **ACOG Coding Manual states:**
 - “When all the elements of a fetal and maternal evaluation are performed for a subsequent time for a medically necessary reason, the subsequent ultrasound(s) may be reported using this code (76805).”
- But...

76817

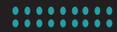


Ultrasound, pregnant uterus, real time with image documentation, transvaginal

- “...performed separately or in addition to one of the transabdominal examinations described above.”



76817



- May include:
 - Evaluation of the embryo and gestational sac(s)
 - Evaluation of the maternal uterus, adnexa, and/or cervix
- No multiple gestation designation

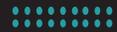
76817



- Universal screening for cervical length
 - Typically done in conjunction with 76805 and/or 76811
 - Gestational age typically somewhere between 18-24 weeks
 - Diagnosis: **Z36.86 Antenatal screening for cervical length**
 - Or, known or suspected cervical problem
 - Reimbursement issues...



76817

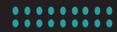


- Documentation in the Ultrasound Report must clearly state the modality and indication.

“Transvaginal ultrasound was performed in conjunction with a transabdominal ultrasound to better visualize the cervix. Cervical length appears to be within normal limits for gestational age.

Cervical Measurement mm”.

Janice



- Janice is a 17yo G₂P₀₁₀₁ @ 18 weeks 0 days with a previous spontaneous preterm birth, who is presenting to Dr. Jordan for cervical length measurement. There was evidence of cervical shortening.

Janice

Dr. Jordan



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.			
A.	O26.872			B.	O09.212			C.	Z3A.18			D.				
E.				F.				G.				H.				
I.				J.				K.				L.				
24.A. DATE(S) OF SERVICE							B.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	I.	J.
From							POS	(Explain Unusual Circumstances)				DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
MM	DD	YY	To	MM	DD	YY		CPT	MODIFIER							
							11	76817				ABC		1	NPI	
														NPI		

ICD-10 Codes

ICD-10 Description

O26.872

Cervical shortening, 2nd trimester

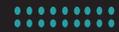
O09.212

Supervision of pregnancy with history of preterm labor, 2nd trimester

Z3A.18

18 weeks gestation

Karen



- Karen, a 26 year old G_1P_0 was sent by her obstetrician to Dr. Kaplan for a 2nd trimester anatomy scan and cervical length screening. All findings were within normal limits

Karen

Dr. Kaplan



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	Z36.3			B.	Z36.86			C.	Z3A.18			D.						
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER										
I.		J.		K.		L.												
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.				
From						POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	MM	DD	YY		CPT	MODIFIER										
						11	76805			AC		1	NPI					
						11	76817			BC			NPI					

ICD-10 Codes

ICD-10 Description

Z36.3

Encounter for antenatal screening for malformations

Z36.86

Encounter for antenatal screening for cervical length

Z3A.18

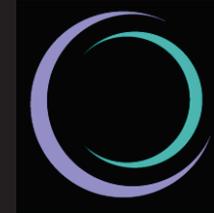
18 weeks gestation

Evaluating service values



Code	Description	Work RVUs	Total RVUs
76801	1 st Trimester transabdominal	0.99	3.52
76801-26	1 st Trimester transabdominal, Prof. Comp. (PC)	0.99	1.42
76802	1 st Trimester transabdominal, ea addl	0.83	1.85
76802-26	1 st Trimester transabdominal, ea addl PC	0.83	1.21
76805	2 nd /3 rd Tri. transabdominal	0.99	4.06
76805-26	2 nd /3 rd Tri. transabdominal PC	0.99	1.44
76810	2 nd /3 rd Tri. transabdominal, ea addl	0.98	2.66
76810-26	2 nd /3 rd Tri. transabdominal, ea addl, PC	0.98	1.43
76811	Detailed ultrasound, 2 nd /3 rd trimester	1.90	5.22
76811-26	Detailed ultrasound, 2 nd /3 rd trimester, PC	1.90	2.79
76812	Detailed ultrasound, 2 nd /3 rd trimester, ea addl	1.78	5.83
76812-26	Detailed ultrasound, 2 nd /3 rd trimester, ea addl, PC	1.78	2.79

Evaluating service values



Code	Description	Work RVUs	Total RVUs
76813	Nuchal translucency	1.18	3.48
76813-26	Nuchal translucency, professional component (PC)	1.18	1.75
76814	Nuchal translucency, ea addl	0.99	2.62
76814-26	Nuchal translucency, each addl, PC	0.99	1.47
76815	Limited ultrasound	0.65	2.41
76815-26	Limited ultrasound, PC	0.65	0.93
76816	Follow up ultrasound	0.85	3.30
76816-26	Follow up ultrasound, PC	0.85	1.25
76817	Transvaginal ultrasound	0.75	2.77
76817-26	Transvaginal ultrasound, PC	0.75	1.08

Biophysical Profile (BPP)



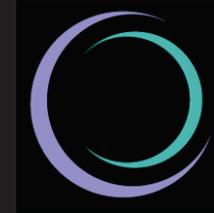
76818 (Complete)

- NST
- Fetal breathing movements
- Fetal movement
- Fetal tone
- Amniotic fluid volume

76819 (Incomplete)

- Fetal breathing movements
- Fetal movement
- Fetal tone
- Amniotic fluid volume

BPP Scoring



76818 (Complete)

- NST = 2
- Fetal breathing movements = 2
- Fetal movement = 2
- Fetal tone = 2
- Amniotic fluid vol. = 2

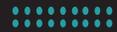
- **Total 10/10**

76819 (Incomplete)

- Fetal breathing movements = 2
- Fetal movement = 2
- Fetal tone = 2
- Amniotic fluid vol. = 2

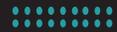
- **Total 8/8**

76818/76819



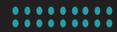
- An unusual reporting of multiple gestation
 - (Report 76818 with modifier 59 for each additional fetus examined in a multiple pregnancy)
- Fetus 1 76818
- Fetus 2 76818-59
 - Diagnosis: Appropriate for indication

Other Services with BPP



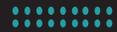
- Complete BPP (76818) and NST (59025) at ***Same Session***
 - Report only 76818
- Incomplete BPP (76819) and NST (59025) at ***Separate Sessions on same day***
 - Report 76818

Other Services with BPP



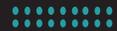
- Complete BPP (76818) and additional NST (59025) during ***Separate Sessions on same day***
 - Report 76818 AND 59025-59
 - Need for 2nd NST demonstrated
 - Modifier 59 (Distinct procedure)

Other Services with BPP



- Complete BPP (76818) and Ultrasounds on ***Same Day***
 - Both BPP and ultrasound reported
 - Ultrasound: ***Anatomic*** examination
 - BPP: ***Physiologic*** examination
- Medical necessity must be supported

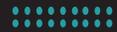
Fetal non-stress test (59025)



- Proper documentation...
 - It is not enough to state “NST reactive” in the progress note to meet the requirements for this service.
 - Prolonged monitoring (or any portion thereof) is not an NST.
 - It’s part of the E/M service for that date.
 - The medical necessity needs to be reflected in both the note and the diagnosis(es).

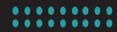


Fetal non-stress test (59025)



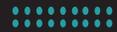
- Complete BPP (76818) and Ultrasounds on ***Same Day***
 - Both BPP and ultrasound reported
 - Ultrasound: ***Anatomic*** examination
 - BPP: ***Physiologic*** examination
- Medical necessity must be supported

Reporting 59025



- Two in one day
 - 59025 and 59025-76/59025-77
- Twins
 - 59025 x 2 or
 - 59025 and 59025-59
- Most payers won't reimburse more than 2 per day per fetus
 - But only if clinical indications are present

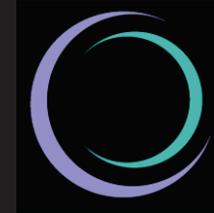
Lisa



- Lisa is a 25yo G₁P₀ @ 34 weeks 3 days with GDMA, managed with insulin and fetal growth restriction at the 7th percentile (AC<3rd). Today, she presents to Dr. Lewis for a fetal growth ultrasound and antenatal testing (biophysical profile with NST)

Lisa

Dr. Lewis



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.					
A.	O24.410			B.	O36.5930			C.	Z3A.34			D.						
E.		F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER										
I.		J.		K.		L.												
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.				
From						POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°				
MM	DD	YY	To	MM	DD		YY	CPT	MODIFIER									
						11	76816		ABC			1	NPI					
						11	76818		ABC			1	NPI					

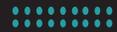
ICD-10 Codes

O24.410
O36.5930
Z3A.34

ICD-10 Description

Gestational diabetes mellitus in pregnancy, 3rd trimester
Maternal care for other known or suspected poor fetal growth
34 weeks gestation

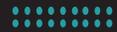
Other antenatal testing



- **76820**

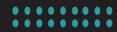
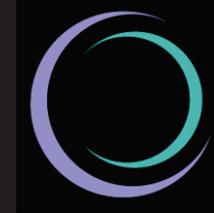
Doppler velocimetry, fetal; umbilical artery

76820



- Measuring velocity of blood flow through umbilical artery
 - To identify abnormalities present in a growth-retarded fetus
 - Same code for “initial” or “subsequent” study
 - Performed transabdominally or transvaginally
 - Use 59 modifier on multiple fetuses
 - Includes color flow mapping (93325)

76821



Doppler velocimetry, fetal; middle cerebral artery

- Measuring velocity of blood flow through middle cerebral artery
 - Peak velocity is inversely related to the fetal hematocrit
 - Fetal cardiovascular distress
 - Fetal anemia
 - Fetal hypoxia

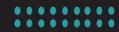
76821



Doppler velocimetry, fetal; middle cerebral artery

- Transabdominal or transvaginal
- Use 59 modifier on multiple fetuses
- Includes color flow mapping (93325)

Mary



- Mary is a 35yo G₃P₁₀₀₁ @ 35 weeks 2 days with congenital pulmonary airway malformation (CPAM), fetal growth restriction, AMA, and a history of prior cesarean delivery (x2). Today, she presents to Dr. Morton at her hospital-based practice for a follow-up growth ultrasound growth ultrasound, BPP, and Doppler surveillance.

Mary

Dr. Morton



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.		
A.	B.			C.			D.							
O09.893	O35.8XX0			O36.5930			O09.523							
E.	F.			G.			H.			23. PRIOR AUTHORIZATION NUMBER				
O34.219	Z3A.35													
I.	J.			K.			L.							
24.A. DATE(S) OF SERVICE						B.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	I.	J.
From						POS	(Explain Unusual Circumstances)			DX POINTER	\$ CHARGES	DAYS/ UNITS	ID QUAL	RENDERING PROVIDER N°
MM	DD	YY	MM	DD	YY		CPT	MODIFIER						
						22	76816	26	ADEF			1	NPI	
						22	76820	26	ABCF			1	NPI	
						22	76821	26	ABCF			1	NPI	

ICD-10 Codes

ICD-10 Description

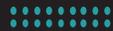
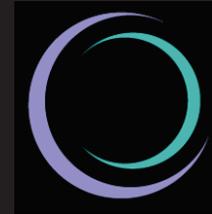
O09.893	Supervision of high risk pregnancy in third trimester
O35.8XX0	Maternal care for other (suspected) fetal abnormality & damage
O36.5930	Pregnancy affected by fetal growth restriction
O09.523	Elderly multigravida in third trimester
O34.219	History of cesarean delivery
Z3A.35	35 weeks gestation of pregnancy

Fetal Echocardiography



- **76825** Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
- **76826** follow-up or repeat study

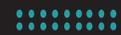
Fetal Echocardiography



- **76827** **Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete**

- **76828** **follow-up or repeat study**

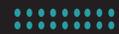
76825



Ultrasonic procedure to identify congenital anomalies, such as:

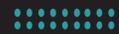
- Atrial and ventricular septal defects
- Aortic stenosis
- Hypoplastic left heart syndrome
- Cardiomyopathy
- Assessment of functional abnormalities

76825 service includes



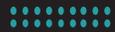
- Evaluation of all parts of the fetal heart, including venous connections, chambers, competence/movement of valves and great arterial connections
 - Four-chambered view
 - Left ventricular outflow tract
 - Right ventricular outflow tract
 - Three-vessel and trachea view

76825 service includes



- Evaluation of all parts of the fetal heart, including venous connections, chambers, competence/movement of valves and great arterial connections
 - Short axis views (“low” for ventricles and “high” for outflow tracts)
 - Aortic arch
 - Ductal arch
 - Superior vena cava (SVC)
 - Inferior vena cava (IVC)

Maternal indications for 76825



- Autoimmune antibodies, anti-Ro (SSA)/anti-La (SSB)
- Familial inherited disorders (e.g., Marfan syndrome)
- First-degree relative with congenital heart disease
- In vitro fertilization
- Metabolic disease (e.g., diabetes mellitus and phenylketonuria)
- Teratogen exposure (e.g., retinoids and lithium)



Fetal indications for 76825



- Abnormal cardiac screening examination
- Abnormal heart rate or rhythm
- Fetal chromosomal anomaly
- Extracardiac anomaly
- Hydrops
- Increased nuchal translucency
- Monochorionic twins

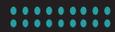
76826 service includes



Follow-up or repeat study

- Assessment of cardiac function
- Evaluation of the heart anomaly (e.g. frequency of runs of supraventricular tachycardia in the fetus)
- Typically identified in and pertinent to an initial examination.

Fetal Doppler Echocardiography CPT 76827



- Reported with 76825 when the clinical indications exist. Spectral, continuous wave, color, and/or power Doppler sonography can be used to evaluate the following structures for potential flow or rhythm disturbances.
- Fetal Doppler Echocardiography evaluates the velocity and turbulence of blood flow within the fetal cardiovascular system.

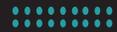
76827



The service includes:

- Atrioventricular valves
- Semilunar valves
- Ductus Venosus
- Umbilical vein and artery (optional)
- Cardiac rhythm disturbance, and
- Any structure in which an abnormality is noted.

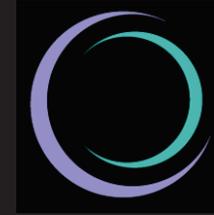
Fetal indications for 76827



Fetal Indications, including but not limited to:

- Anatomical/structural
- Functional/dysrhythmia

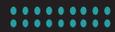
76828 service includes:



Follow-up or repeat study

- This code is used to report follow-up or repeat fetal Doppler echocardiography.

+93325



Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

(Use 93325 in conjunction with **76825, 76826, 76827, 76828**, 93303, 93304...)

Color flow mapping (93325)



Echocardiography includes obtaining ultrasonic signals from the heart and great arteries, with two-dimensional image and/or Doppler ultrasonic signals documentation, interpretation and report.

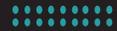
93325



AIUM Guidelines state:

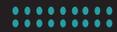
“Color Doppler Sonography should be used to evaluate the following structures for potential flow disturbances”:

93325



- Systemic veins (including superior and inferior vena cava and Ductus Venosus)
- Pulmonary veins
- Foramen ovale
- Atrioventricular valves
- Atrial and ventricular septa
- Semilunar valves
- Ductal arch
- Aortic arch
- Umbilical vein and artery (optional).

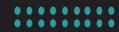
Documenting 93325



- How do you document 93325?

“Color flow mapping was utilized during this fetal cardiac study.”

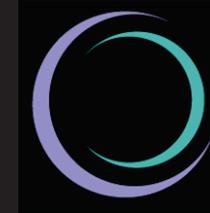
Nancy



- Nancy is a 35yo G₂P₁₀₀₁ @ 24 weeks 5 days with history of prior offspring with right sided-aortic arch. Her prior pregnancy was notable for gestational diabetes, but was otherwise uncomplicated with delivery at term. Today, she presents to Dr. Norton for a screening fetal echocardiogram with color Doppler flow mapping and follow-up fetal growth ultrasound.

Nancy Norton

Dr.



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.				
A.	009.292			B.	009.522			C.	Z86.32		D.	Z3A.24				
E.				F.				G.			H.	23. PRIOR AUTHORIZATION NUMBER				
I.				J.				K.			L.					
24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY							B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER				E. DX POINTER	F. \$ CHARGES	G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°
							11	76816				ABCD		1	NPI	
							11	76825				ABCD		1	NPI	
							11	76827				ABCD		1	NPI	
							11	93325				ABCD		1	NPI	

ICD-10 Codes

ICD-10 Description

026.292

Supervision of pregnancy with other poor reproductive or obstetric history, 2nd trimester

009.522

Advanced maternal age, multigravida, 2nd trimester

Z86.32

Personal history of gestational diabetes

Z3A.24

24 weeks gestation

Ductus Venosus Doppler



- There is **not** a specific CPT Code for reporting a Ductus Venosus Doppler. If it is sampled **as part of a new or repeat fetal Doppler echocardiogram**, for standard indications, the following codes would be correct.



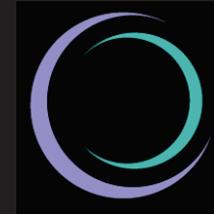


How to bill other services...



- Ductus venosus Doppler
 - Billable as part of 76827/76828
 - Not separately billable alone
- Ductus arteriosus Doppler
 - Billable as part of 76827/76828
 - Not separately billable alone
- PR interval measurement
 - Typically 76828

Reporting 3D ultrasound



- 76376** 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging **ultrasound**, or other tomographic modality; **not requiring** image post processing on an independent workstation.
- 76377** requiring image post processing on an independent workstation

A central graphic featuring two overlapping circles. The outer circle is a light purple color, and the inner circle is a teal color. The text is centered within the intersection of these circles.

Questions **about ultrasound?**