Coding in Ultrasound Imaging: Ensuring Compliance with Guidelines and Optimizing Reimbursement

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Outline

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

Coding Resources

• Procedures
  • Current Procedural Terminology
  • CPT® 2016
• Diagnosis
  • International Classification of Diseases
  • ICD-10-CM
• Resources
  • ACOG, AMA, AIUM

Procedural Coding

• CPT book sets the rules
• Descriptions are imperfect

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
- Effective 10/2015
- The code-set will grow from 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

CPT Coding and RVU's

CPT
- Professional component
- Technical component

RVU
- Relative value unit associated with each service
- 2016 Conversion $35.8043

www.cms.gov

Professional Component (-26)

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

Technical Component (-TC)

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

www.cdc.gov

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

www.acog.org/departments

Medicare Requirements for Physician Supervision of Sonographers.
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

Physician Supervision

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.

Medicare Fee Schedule

www.cms.gov
### 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.

#### 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

### 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
  - Outflow tracts
- **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)
Inability to Visualize Anatomy

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

Coding – Ob Sonography

2nd/3rd Trimester
- 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

SMFM Statement on 76811

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.

Fetal at increased risk for a congenital anomaly:
- 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
- Suspected fetal abnormality and damage.
- Abnormal findings on antenatal screening of mother
- Morbid obesity (BMI ≥ 35)
<table>
<thead>
<tr>
<th>Coding – Ob Sonography</th>
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<tbody>
<tr>
<td><strong>Limited study</strong></td>
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<tr>
<td>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</td>
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<tr>
<td>Use 76815 only once per exam and not per element</td>
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<tr>
<td><strong>2nd/3rd Trimester, Follow-up study</strong></td>
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<td>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, <strong>per fetus</strong></td>
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<tr>
<td>Report 76816-59 for each additional fetus examined in a multiple pregnancy</td>
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<tr>
<td><strong>Biophysical Profile</strong></td>
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<tr>
<td>76818 Fetal biophysical profile; with non-stress testing</td>
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<tr>
<td>76819 Fetal biophysical profile; without non-stress testing</td>
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<tr>
<td><strong>2nd/3rd Trimester</strong></td>
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<tr>
<td>What about the patient who presents for a repeat study later in the pregnancy?</td>
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<tr>
<td>Code by status of indication</td>
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<tr>
<td>If new indication, use 76805</td>
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<tr>
<td>If not new, use 76816</td>
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<tr>
<td>Even if complete biometry and amniotic fluid assessment performed</td>
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<tr>
<td><strong>Fetal Echocardiography</strong></td>
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<tr>
<td>76825 Fetal initial (2D +/- m-mode)</td>
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<tr>
<td>76826 F/U or repeat (2D +/- m-mode)</td>
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<tr>
<td>76827 Doppler echo - initial</td>
<td></td>
</tr>
<tr>
<td>76828 Doppler echo – F/U or repeat</td>
<td></td>
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<tr>
<td>Add to 76825, 26826</td>
<td></td>
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<tr>
<td>93325 Color mapping</td>
<td></td>
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<tr>
<td>Add to 76825, 76826, 76827, 76828</td>
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**Coding – Ob/Gyn Sonography**

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

**Coding – Ob/Gyn Sonography**

**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)

**Coding in Ob-Gyn Sonography**

**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

**Coding – Ob Sonography**

**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-10 Codes

• Use all that apply
• Prioritize
• Note: Advanced maternal age may not be accepted as an indication for ultrasound or amnio
  Can use “suspected or known chromosomal abnormality” (O35.8XX0)
  • 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
93975  Duplex scan of A/V flow: Abdomen and pelvic – Complete
93976  Duplex scan of A/V flow: Abdomen and pelvic - Limited

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

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.

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Thank You