

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

James M. Shwayder, M.D., J.D.
Professor and Chair
Department of Obstetrics and Gynecology
University of Mississippi
Jackson, Mississippi

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

James M. Shwayder, M.D., J.D.

Disclosures: None

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

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

2013

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

2009 National Physician Fee Schedule
CPT codes and descriptions only are listed. Dental codes (D codes) are highlighted.
Revised 12/15/08

HCPCS	MOD	DESCRIPTION	STATUS	PHYSICIAN SUPERVISION OF				ASST	CB	TEAM	RIND	RIND	CONV	PHYSICIAN SUPERVISION OF DIAGNOSTIC PROCEDURE
				CONV	DIAGNOSTIC PROCEDURES	CAL	FLA							
				36.0666	09		0							
				36.0666	01		0							
				36.0666	01		0							
				36.0666	09		0							
76817	TC	Transvaginal us, obstetric, A	A	36.0666	03		0	0	0	0	0	0	36.0666	01
76817	Z6	Transvaginal us, obstetric, A	A	36.0666	03		0	0	0	0	0	0	36.0666	02
76818	TC	Fetal biophys profile w/ntst, A	A	36.0666	03		0	0	0	0	0	0	36.0666	01
76818	Z6	Fetal biophys profile w/ntst, A	A	36.0666	03		0	0	0	0	0	0	36.0666	02
76819	TC	Fetal biophys profile w/o ntst, A	A	36.0666	03		0	0	0	0	0	0	36.0666	01
76819	Z6	Fetal biophys profile w/o ntst, A	A	36.0666	03		0	0	0	0	0	0	36.0666	02
76820	TC	Umbilical artery echo, A	A	36.0666	09		0	0	0	0	0	0	36.0666	01
76820	Z6	Umbilical artery echo, A	A	36.0666	09		0	0	0	0	0	0	36.0666	02
76821	TC	Middle cerebral artery echo, A	A	36.0666	01		0	0	0	0	0	0	36.0666	01
76821	Z6	Middle cerebral artery echo, A	A	36.0666	01		0	0	0	0	0	0	36.0666	02
76825	TC	Echo exam of fetal heart, A	A	36.0666	09		0	0	0	0	0	0	36.0666	01
76825	Z6	Echo exam of fetal heart, A	A	36.0666	09		0	0	0	0	0	0	36.0666	02
76826	TC	Echo exam of fetal heart, A	A	36.0666	01		0	0	0	0	0	0	36.0666	01
76826	Z6	Echo exam of fetal heart, A	A	36.0666	01		0	0	0	0	0	0	36.0666	02
76827	TC	Echo exam of fetal heart, A	A	36.0666	09		0	0	0	0	0	0	36.0666	01
76827	Z6	Echo exam of fetal heart, A	A	36.0666	09		0	0	0	0	0	0	36.0666	02

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 (\geq 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
- 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)

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

Uma M. Reddy, MD, MPH, Alfred Z. Abuhamad, MD, Deborah Levine, MD, George R. Saade, MD, for the Fetal Imaging Workshop Invited Participants

Reddy et al. J Ultrasound Med 2014 May;33(5):745-57.
Reddy et al. Am J Obstet Gynecol 2014 May;210(5):387-97.
Reddy et al. Obstet Gynecol 2014 May;123(5):1070-82.

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 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.

SMFM Statement on 76811

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

SMFM Statement on 76811

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.

AIUM – 76811 Consensus Statement

- Previous fetus or child with a congenital, genetic, or chromosomal abnormality
- Known or suspected fetal anomaly or known growth disorder in current pregnancy

76811 Task Force. J Ultrasound Med 2014; 33:189-195.

AIUM – 76811 Consensus Statement

Fetal at increased risk for a congenital anomaly:

- Maternal pregestational diabetes or gestational diabetes before 24 weeks
- High BMI ($\geq 35 \text{ kg/m}^2$)
- Multiple gestation
- Abnormal maternal serum analytes
- Teratogen exposure
- 1st trimester NT $\geq 3.0 \text{ mm}$

76811 Task Force. J Ultrasound Med 2014; 33:189-195.

AIUM – 76811 Consensus Statement

Other conditions affecting the fetus:

- Congenital infections
- Maternal drug dependence
- Isoimmunization
- Oligohydramnios
- Polyhydramnios

76811 Task Force. J Ultrasound Med 2014; 33:189-195.

76811

O35.8XX0

- Suspected fetal abnormality and damage.

O28.9

- Abnormal findings on antenatal screening of mother

E66.01

- Morbid 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

76815 Limited Examination

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

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 – Ob/Gyn Sonography 3-D Rendering

- **76376** 3-D rendering...not requiring image postprocessing on an independent workstation.
- **76377** 3-D rendering...requiring image postprocessing on an independent workstation.

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

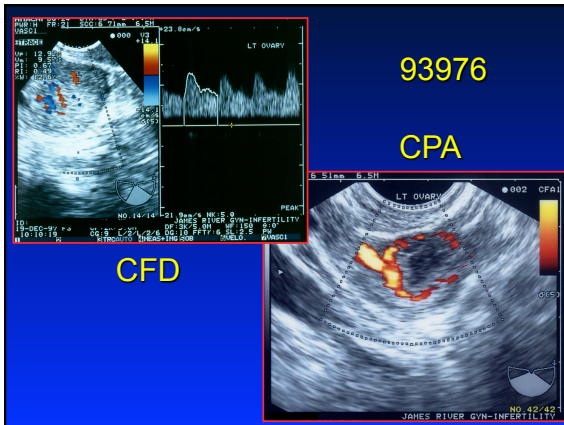
- Dimension
 - Length
 - Width
 - Depth
- Morphology
- Motion
- Doppler
- Fallopian Tubes
 - Usually not visualized

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

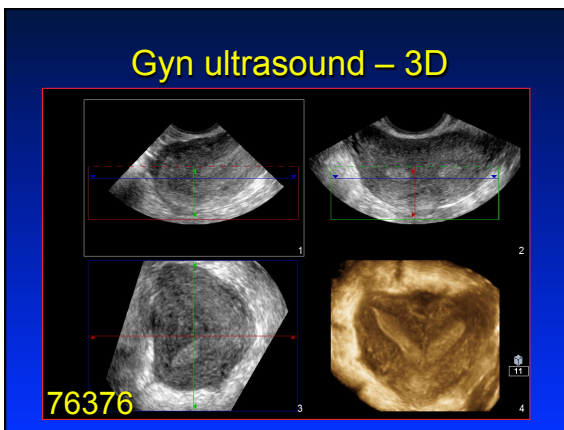
76857 – Gyn Limited or follow-up

- 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



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

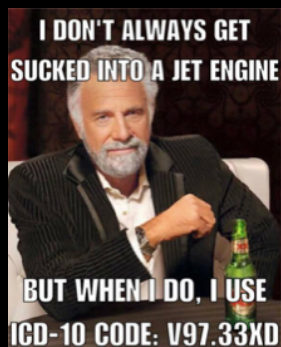
- Physician interpretation and signed final report are components of all codes
- A signed note in the progress notes or patient chart is adequate
- It is preferable to take photographs and place with the note (compliance issues)
- It is preferable to have a formal, final report, retaining all images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

James M. Shwayder, M.D., J.D.
Professor and Chair
Department of Obstetrics and Gynecology
University of Mississippi
Jackson, Mississippi