PBS
RADIOLOGY BUSINESS EXPERTS

OB ULTRASOUND DOCUMENTATION GUIDELINES

Complete OB ultrasound First Trimester (under 14 weeks)

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

These codes are specific to ultrasound examination of the pregnant uterus during the first trimester (less than 14 weeks 0 days). The evaluation of a pregnant uterus less than 14 weeks is performed to evaluate several elements of the fetal and maternal status.

The following elements must be documented to report codes 76801 and 76802:

- Number of gestational sacs and fetuses
- Gestational sac/fetal measurements appropriate for gestation (crown rump length/gestational sac size)
- Survey of visible fetal and placental anatomic structure
- Qualitative assessment of amniotic fluid volume (statement that volume is adequate or inadequate)/gestational sac shape
- Examination of the maternal uterus and adnexal

If any of these areas cannot be visualized or are absent, a comment needs to be added to the report why that area could not be seen in order to consider the exam as a complete ultrasound.

Billing Tips

- During the first trimester, the required elements to be documented are those that are appropriate for gestation and are visible. Should any of the required elements not be visible or cannot be measured, the report must state the reason for non-visualization of the required elements to report codes 76801 and 76802. When any of the elements are not documented and the reason for non-visualization or non-measurement is not documented, a limited OB ultrasound code must be assigned.
- Add-on code 76802 describes the evaluation of the pregnant uterus when more than one gestation is identified. The report must include all of the elements for each fetus
- If a patient is clinically pregnant (positive HCG) and the gestational sac and fetus cannot be identified, as long as the physician documents that they have been sought, code 76801 can be reported. If these elements aren't mentioned, it is a limited study report with code 76815.
- If a non-obstetrical ultrasound is ordered and a fetus is identified, it should be reported as a non-obstetrical study (76856 or 76857) unless a complete OB ultrasound is subsequently requested.
- Report code 76815 when all the required elements in code 76801 are not documented in the physician report.

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Complete OB ultrasound after first trimester (over 14 weeks)
76805 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
+76810 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation

The evaluation of a pregnant uterus greater than 14 weeks is performed to evaluate several elements of the fetal and maternal status.

The following elements must be documented to report codes 76805 and 76810:

- Number of fetuses and amniotic/chorionic sacs
- Measurements appropriate for gestational age: biparietal head diameter (BPD), abdominal circumference (AC), head circumference (HC) and femur length (FL).
- Survey of:
- - intracranial/spinal/abdominal anatomy
- -four-chambered heart
- -umbilical cord insertion site
- Placenta location
- amniotic fluid assessment (quantitative or qualitative)
- examination of maternal adnexa (when visible)

If any of these areas cannot be visualized or are absent, a comment needs to be added to the report why that area could not be seen in order to consider the exam as a complete ultrasound.

Billing Tips

- After the first trimester, the required elements to be documented are those that are appropriate for gestation and are visible. Should any of the required elements not be visible or cannot be measured, the report must state the reason for non-visualization of the required elements to report codes 76805 and 76810. When any of the elements are not documented and reason for non-visualization or non-measurement is not documented, a limited OB ultrasound code must be assigned.
- Add-on code 76810 describes the evaluation of the pregnant uterus when more than one gestation is identified. The report must include all of the elements for each fetus.
- According to the ACR, it is appropriate to report an obstetrical ultrasound code from the 76805-76815 series for female patients with an established diagnosis of pregnancy, determined by any method, and with indications for the ultrasound procedure that might be pregnancy related. This is true even when the outcome is that the patient is not pregnant or has an ultrasonic diagnosis that might be construed as being independent of the pregnancy (e.g., acute appendicitis, torsed ovary, necrotic fibroid). (Source: CPT Assistant, October 2001)
- Documentation should reference the prior fetal evaluation that identified an abnormality.

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OB Ultrasound Transvaginal

76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
Code 76817 describes a transvaginal obstetric ultrasound performed separately or in addition to one of the transabdominal examinations described above.

Billing Tips

- Code 76817 is specific for a transvaginal scan performed to evaluate a pregnant uterus. It should be reported when the exam is ordered and performed.
- Code 76817 is reported once per study. It includes the evaluation of embryos, gestational sacs, maternal uterus, adnexa, and/or cervix. Unlike obstetric transabdominal ultrasound studies, code 76817 is a transvaginal ultrasound exam code with no requirements for performance of fetal measurements. (Source: CPT Assistant, Volume 21, Issue 11 November 2011, Frequently Asked Questions, page 10).

OB US Q & A:

Q. We received a patient from the ER who presented with severe pelvic pain. The HCG indicated pregnancy, but there was no intrauterine pregnancy so an ectopic is suspected. What is the correct CPT code for this scenario?

A. According to the American Medical Association (AMA) and the American College of Radiology (ACR), the procedure would be reported with an OB ultrasound code because the patient had a positive pregnancy test and symptoms that could be related to a pregnancy. If the maternal uterus and adnexa are documented along with a statement that a gestational sac, yolk sac, or fetal pole could not be visualized, then code 76801 is assigned. If the patient presented to the department with the aforementioned pain, but without a positive pregnancy test a non-obstetric pelvic code – 76856 or 76857-would be assigned.

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

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

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

A. The correct CPT code choice is based on indication, not outcome; therefore, the appropriate pelvic non-OB US code should be assigned.

REFERENCES:

- Medlearn Publishing, Ultrasound Coder, 2022 Edition
- Zhealth Publishing, Diagnostic Radiology Coding Reference, 2022 Edition
- ACR, Online Guide to Ultrasound Coding, FAQs, 2012
- ACR, Ultrasound Coding User's Guide
- ACR Radiology Coding Source, Volume 62, Issue 7, July-August 2007
- Clinical Examples in Radiology, Winter 05:3, Winter 07:6, Summer 10:9, Summer 11:10, Summer 12:11, Winter 15:8-9, Winter 16:13, Spring 19:9-11, Winter 20:12, Spring 20:13, Summer 20:10, Spring 20:13, Winter 20:12
- CPT Assistant, Dec 01:6, Mar 03:7, Nov 03:14, Nov 04:10, Nov 05:15, Dec 05:3, May 10:9, Nov 11:10
- CPT Changes: An Insider's View 2003