



Ultrasound & Antepartum Testing Services



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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

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| 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).

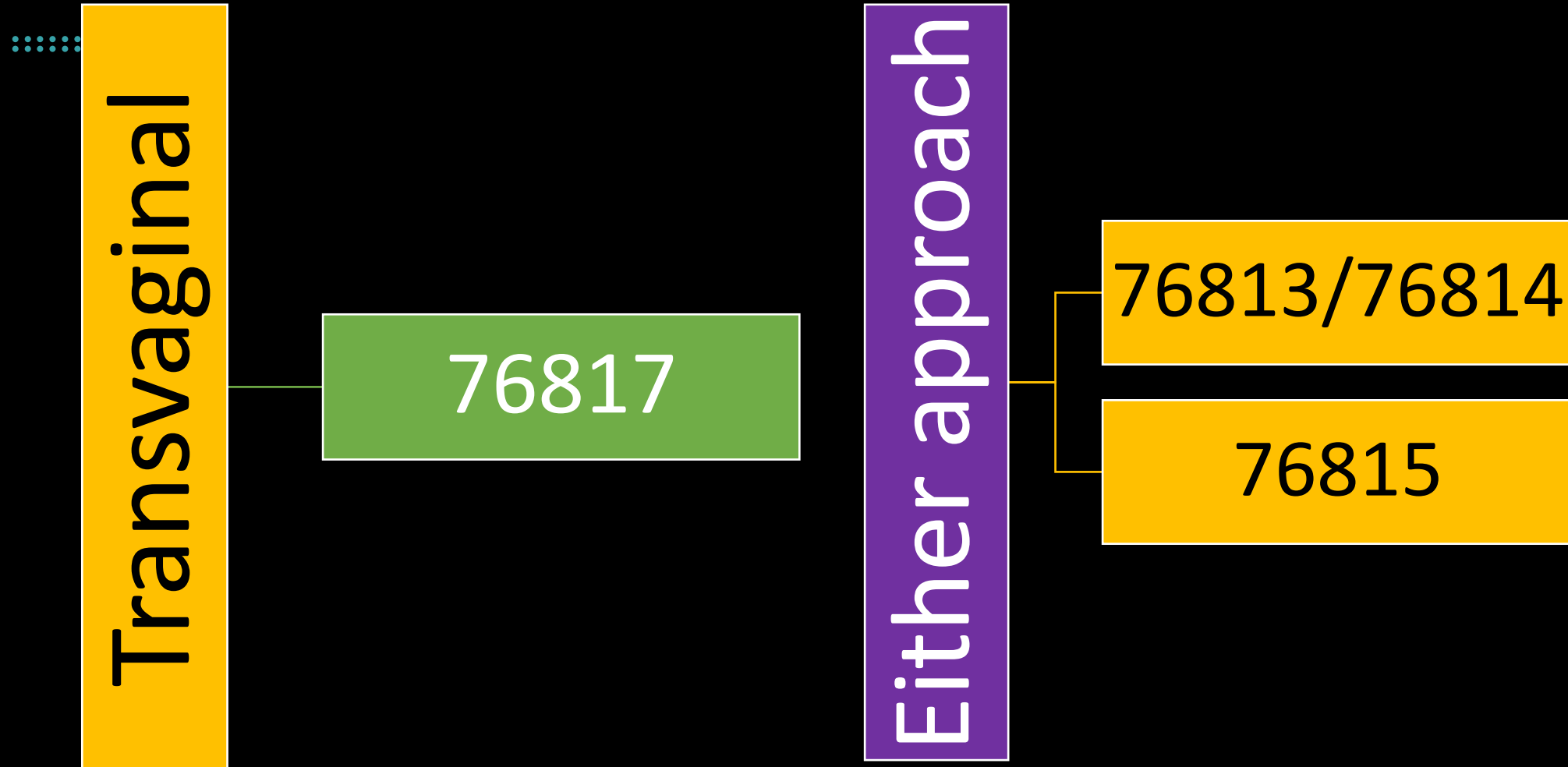


Ultrasound codes, by approach



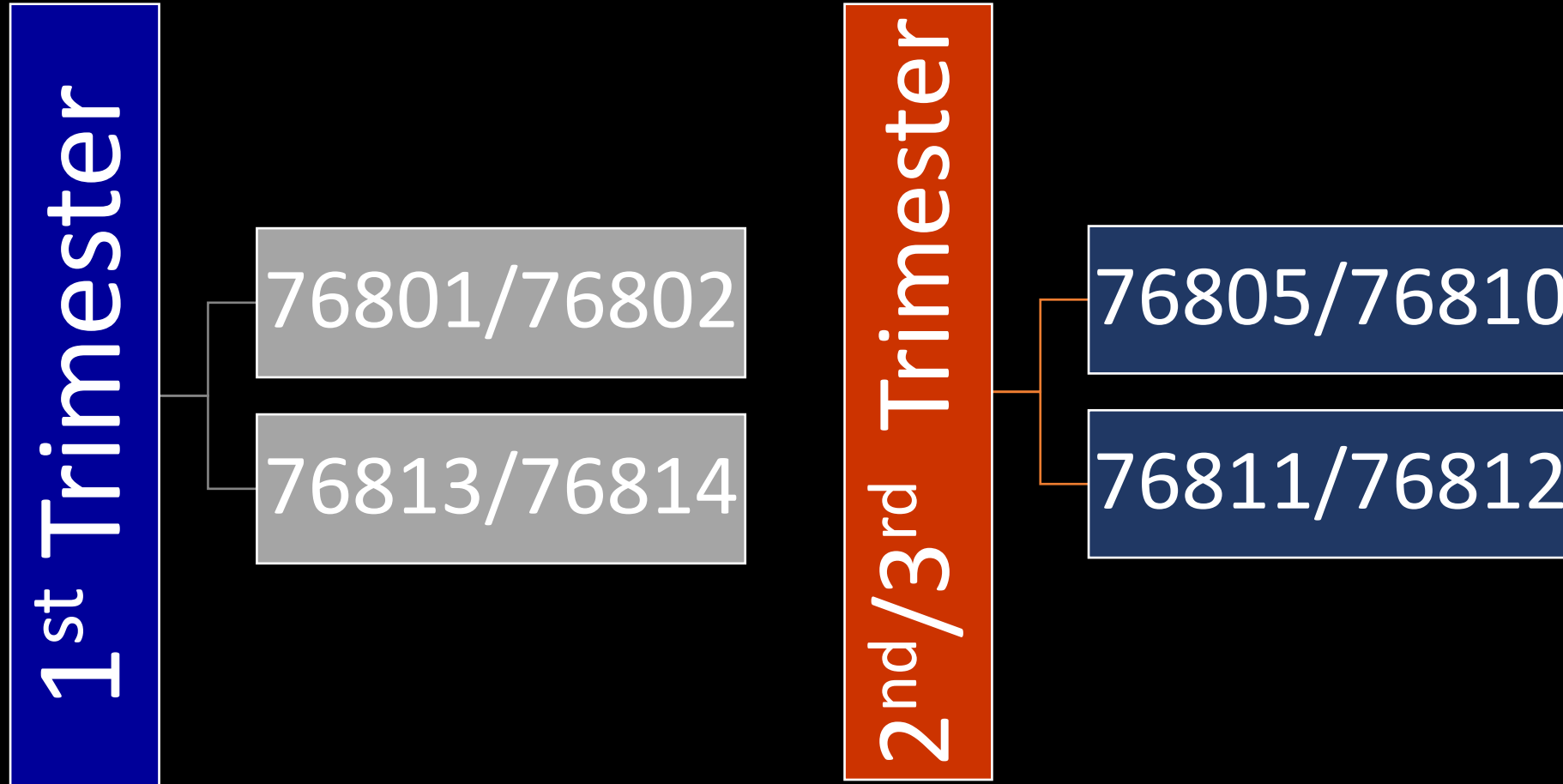


Ultrasound codes, by approach



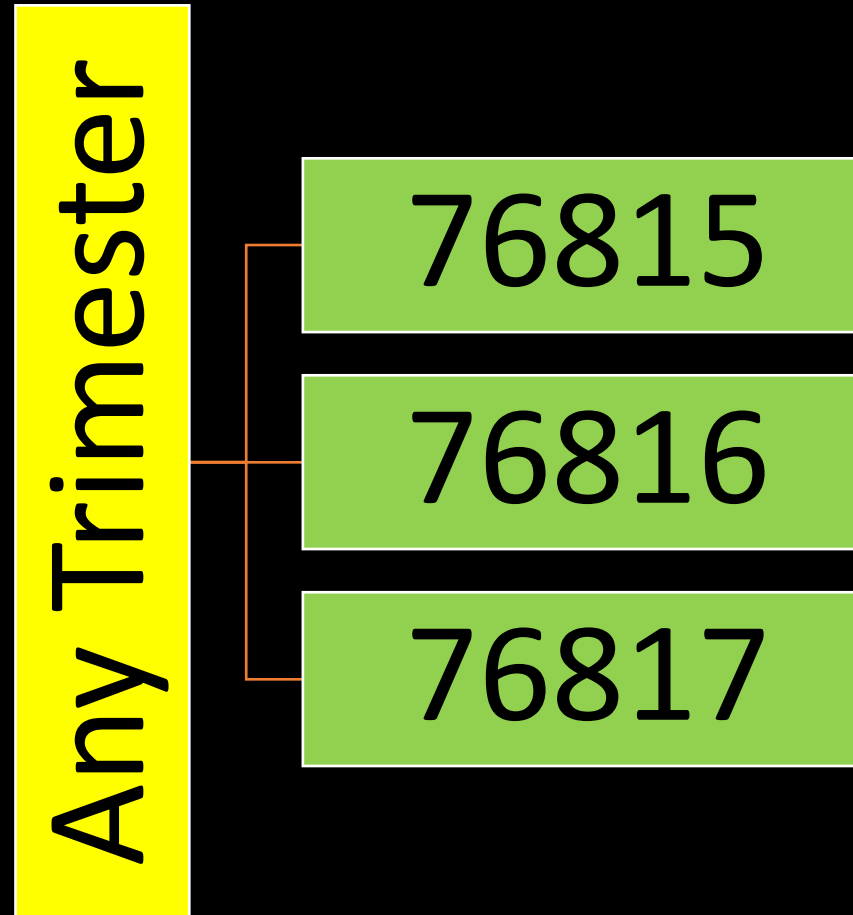


Ultrasound codes, by trimester





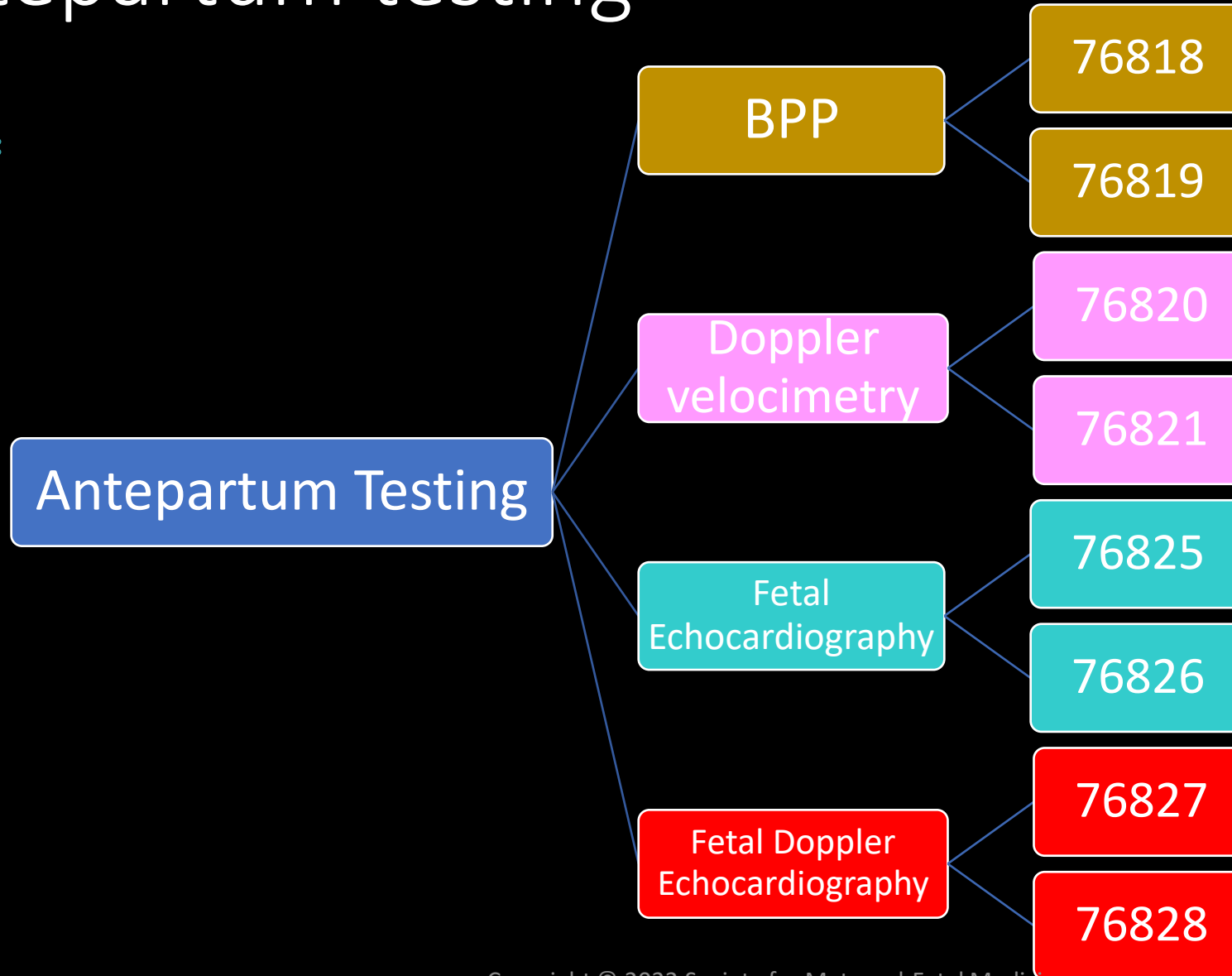
Ultrasound codes, by trimester





Antepartum testing

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76801/76802

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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

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- 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 Other 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 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 | 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

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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)





76813/76814

.....

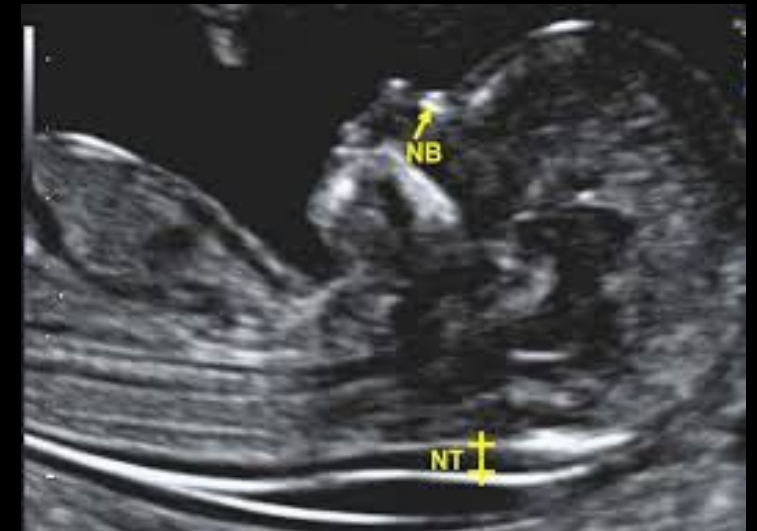
- Performed first trimester to assess risk of chromosomal abnormalities
- Transabdominal or transvaginal approach
 - Should not be billed routinely in combination with codes 76801-76802 (first trimester ultrasound)
 - Documentation should support need for both services



76813/76814

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- 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 G₁P₀ 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



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|---|----------------|--|--|----|---------------|--------|---|--------------|---------------|-----------------------|---------------|---------------|----------------|------------|--------------------------|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | | ORIG REF. NO. | | |
| A. | O30.041 | | | B. | Z36.82 | | | C. | Z3A.13 | | | D. | | | |
| 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 | 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



What if the nuchal translucency is not completed?

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- 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

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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

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- **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

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Head and Neck Region:

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



76805/76810

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Face:

- Upper Lip

Chest:

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





76805/76810

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Abdomen:

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



76805/76810

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Spine:

- Cervical
- Thoracic
- Lumbar
- Sacral spine





76805/76810

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Extremities:

- Legs
- Arms

Placenta:

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



76805/76810

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Standard Evaluation:

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





76805/76810

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Biometry:

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



76805/76810

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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



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|---|----------------|--|--|----|---------------|--------|---|--------------|-----------|-----------------------|---------------|--------------------------------|---------------|--------------------------|--|
| 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. | | 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 | 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

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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)





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

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Head and Neck Region:

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



76811/76812

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Face:

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



76811/76812

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Chest:

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



76811/76812

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Abdomen:

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



76811/76812

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Spine:

- Shape and curvature

Extremities:

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



76811/76812

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Placenta:

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



76811/76812

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Biometry:

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



Grace

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- Grace is a 36 year old G₂P₁₀₀₁ at 19 weeks gestation. Dr. Gibson previously evaluated her pregnancy and confirmed her dates and the chorionicity of the pregnancy. She has a monochorionic/diamniotic twin gestation. Her interval history is unremarkable.



Grace

Dr. Gibson



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|---|----------------|--|--|----|----------------|--------|---|--------------|---------------|-----------------------|---------------|---------------|----------------|------------|--------------------------|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | |
| A. | O30.032 | | | B. | O09.522 | | | C. | Z3A.19 | | | D. | | | |
| 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 | 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

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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

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- 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

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- “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



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|---|---------------|--|--|----|----------------|--------|---|--------------|---------------|-----------------------|---------------|---------------|----------------|------------|--------------------------|--------------------------------|--|--|--|--|--|
| 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 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 | 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 | | | | | | To | | (Explain Unusual Circumstances) | | | | DX POINTER | | \$ CHARGES | | DAYS/ UNITS | | ID QUAL | | RENDERING PROVIDER N° | |
| MM DD YY MM DD YY | | | | | | POS | | CPT MODIFIER | | | | | | | | | | | | | |
| | | | | | | | 11 | 76815 | | | | ABC | | | 1 | | | NPI | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | NPI | | | |

ICD-10 Codes

ICD-10 Description

Z03.72

Encounter for suspected placental problem, ruled out

O09.212

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

Z3A.16

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

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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

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- “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

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- 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

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- 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 From MM DD YY To MM DD YY | | | | | | B. | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER | | | | E. | F. | | G. | I. | | J. |
| | | | | | | POS | | | | | DX POINTER | \$ CHARGES | | DAYS/ UNITS | ID QUAL | RENDERING PROVIDER N° | |
| | | | | | | 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

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- 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

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

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





76817

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- 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

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- 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

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- 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. | | | | 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 | 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 G₁P₀ 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 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 | 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 | 3.46 |
| 76801-26 | 1 st Trimester transabdominal, Prof. Comp. (PC) | 0.99 | 1.42 |
| 76802 | 1 st Trimester transabdominal, ea addl | 0.83 | 1.81 |
| 76802-26 | 1 st Trimester transabdominal, ea addl PC | 0.83 | 1.20 |
| 76805 | 2 nd /3 rd Tri. transabdominal | 0.99 | 3.97 |
| 76805-26 | 2 nd /3 rd Tri. transabdominal PC | 0.99 | 1.43 |
| 76810 | 2 nd /3 rd Tri. transabdominal, ea addl | 0.98 | 2.63 |
| 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 | 5.12 |
| 76811-26 | Detailed ultrasound, 2 nd /3 rd trimester, PC | 1.90 | 2.77 |
| 76812 | Detailed ultrasound, 2 nd /3 rd trimester, ea addl | 1.78 | 5.72 |
| 76812-26 | Detailed ultrasound, 2 nd /3 rd trimester, ea addl, PC | 1.78 | 2.62 |

Evaluating service values



| Code | Description | Work RVUs | Total RVUs |
|----------|--|-----------|------------|
| 76813 | Nuchal translucency | 1.18 | 3.45 |
| 76813-26 | Nuchal translucency, professional component (PC) | 1.18 | 1.73 |
| 76814 | Nuchal translucency, ea addl | 0.99 | 2.27 |
| 76814-26 | Nuchal translucency, each addl, PC | 0.99 | 1.46 |
| 76815 | Limited ultrasound | 0.65 | 2.38 |
| 76815-26 | Limited ultrasound, PC | 0.65 | 0.93 |
| 76816 | Follow up ultrasound | 0.85 | 3.23 |
| 76816-26 | Follow up ultrasound, PC | 0.85 | 1.24 |
| 76817 | Transvaginal ultrasound | 0.75 | 2.73 |
| 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 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 | | | 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. | O09.893 | | | B. | O35.8XX0 | | | C. | O36.5930 | | | D. | O09.523 | | | | | | | | |
| E. | O34.219 | | | F. | Z3A.35 | | | 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 To | | | | | | 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

Dr. Norton



| | | | | | | | | | | | | | | | | |
|---|----------------|--|--|----|----------------|--|--------|---|---------------|-----------------------|--|---------------|---------------|----------------|------------|--------------------------|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). | | | | | | | | | | 22. RESUBMISSION CODE | | ORIG REF. NO. | | | | |
| A. | O09.292 | | | B. | O09.522 | | | 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

O26.292

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

O09.522

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 only 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



Ultrasound and third-party payers





The big question—why is my ultrasound claim being denied?



- Ultrasound frequency
- Medical necessity...or lack thereof



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How do you know?



- Most payers publish their guidelines on their respective websites

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0142_routine_ultrasound_use_in_maternity_care_3d4d.pdf

Medical Coverage Policy



Effective Date..... 6/15/2021
Next Review Date..... 6/15/2022
Coverage Policy Number 0142

Ultrasound in Pregnancy (including 3D, 4D and 5D Ultrasound)

Table of Contents

Overview 1
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General Background 2
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Related Coverage Resources

[Fetal Surgery](#)
[Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis](#)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses obstetric ultrasound use in pregnancy.

Coverage Policy

Up to two (2) routine two-dimensional (2D) standard or limited obstetrical ultrasound examinations (CPT® codes 76801, 76805, 76811, 76815) are considered medically necessary.


A specialized obstetrical ultrasound (CPT® code 76816) is considered medically necessary when performed to follow up specific medical indications/complications.

An obstetrical ultrasound examination performed solely to determine gender or to provide photographic representation of the fetus is considered not medically necessary for the management of a pregnancy.

Page 1 of 9
Medical Coverage Policy: 0142

10/11/21, 5:34 PM

Ultrasound for Pregnancy - Medical Clinical Policy Bulletins | Aetna


[\(https://www.aetna.com/\)](https://www.aetna.com/)

Ultrasound for Pregnancy

[Clinical Policy Bulletins](#) | [Medical Clinical Policy Bulletins](#)

Number: 0199

Policy

I. Aetna considers ultrasounds not medically necessary if done solely to determine the fetal sex or to provide parents with a view and photograph of the fetus

II. Aetna considers a fetal ultrasound with detailed anatomic examination medically necessary for the following indications:

A. To evaluate the fetus for amniotic band syndrome (also known as amniotic constriction band syndrome); or

B. To evaluate fetuses with single umbilical artery (SUA); or

C. To evaluate fetuses with soft sonographic markers of aneuploidy:

1. Absent or hypoplastic nasal bone; or

2. Choroid plexus cyst; or

3. Echogenic bowel; or


4. Echogenic intracardiac focus; or


5. Fetal pyelectasis; or


6. Increased nuchal translucency (fetal nuchal translucency measurement of 3.0 mm or greater in the first trimester); or

7. Shortened long bones (femur or humerus); or


Policy History

[Last Review](#) 
04/27/2021
Effective: 02/05/1998
Next Review: 02/10/2022

[Review History](#) 

[Definitions](#) 

Additional Information

[Clinical Policy Bulletin](#)
[Notes](#) 

www.aetna.com/cpb/medical/data/100_199/0199.html

1/50

http://www.aetna.com/cpb/medical/data/100_199/0199.html

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How do you know?



- Where do the payers get their policies?

evicore.com/provider

The screenshot shows the eviCore Provider portal homepage. At the top, there's a navigation bar with the eviCore logo and links for About, Solutions, Patients, Provider's Hub, Insights, and Careers. A secondary bar includes links for PROVIDERS, Check Prior Authorization Status, Login, and Resources. A yellow banner below the navigation bar mentions incremental enhancements and a feedback form. The main content area is divided into three columns: TAKE ACTION (with icons for Clinical Guidelines, Clinical Worksheets, Network Standards & Accreditation, and Provider Playbooks), TRAINING RESOURCES, and INSIGHTS BLOG. On the right, there's a 'Request a consultation with a Clinical Peer Reviewer' section with a 'BOOK NOW' button. Below this, a 'We're here to help' section provides live chat availability (M-F 7AM-7PM EST), a 'START LIVE CHAT' button, and contact information (Email: support@evicore.com, Phone: 1.800.918.8924). At the bottom, there's a 'evicore Provider' banner and a 'WEB FEEDBACK' button.

How do you know?



- Where do the payers get their policies?



OB-9.6: High Risk Group Six – Pre-Gestational Diabetes

OB-9.6.1: Pre-Gestational or Early Diagnosed (≤ 20 weeks) Diabetes - Not on Medication

| Test | When | Frequency | Codes |
|--|---|--------------------|---|
| First Trimester Ultrasounds | <14 weeks | Once | CPT® 76801 and/or CPT® 76817 |
| Dating Ultrasound if no prior dating and ≥ 14 weeks | 14-16 weeks | Once | CPT® 76815 |
| Fetal anatomic scan | ≥ 16 weeks | Once | CPT® 76811 |
| Initial Fetal echo (if HbA1C $> 6\%$) | Starting at ≥ 16 weeks | Once | CPT® 76825 and/or CPT® 76827 and/or CPT® 93325 |
| Ultrasound (for fetal growth) | Starting in the 3 rd trimester | Every 3 to 6 weeks | CPT® 76816 |
| Biophysical Profile (BPP) or modified BPP | Starting at 32 weeks | Once per week | CPT® 76818 (BPP) or CPT® 76819 (BPP) or CPT® 76815 (modified BPP) |

OB-9.6.2: Pre-Gestational or Early Diagnosed (≤ 20 weeks) Diabetes - On Medication

| Test | When | Frequency | Codes |
|--|---|--------------------|---|
| First Trimester Ultrasounds | <14 weeks | Once | CPT® 76801 and/or CPT® 76817 |
| Dating Ultrasound if no prior dating and ≥ 14 weeks | 14-16 weeks | Once | CPT® 76815 |
| Fetal anatomic scan | ≥ 16 weeks | Once | CPT® 76811 |
| Initial Fetal echo | Starting at ≥ 16 weeks | Once | CPT® 76825 and/or CPT® 76827 and/or CPT® 93325 |
| Ultrasound (for fetal growth) | Starting at viability 23 weeks | Every 2 to 4 weeks | CPT® 76816 |
| Biophysical Profile (BPP) or modified BPP | Starting at 32 weeks (may start at ≥ 26 weeks if complicated by additional risk factors) | Up to twice weekly | CPT® 76818 (BPP) or CPT® 76819 (BPP) or CPT® 76815 (modified BPP) |
| Umbilical artery Doppler (if FGR diagnosed) | Upon diagnosis of FGR if ≥ 23 weeks | Weekly | CPT® 76820 |

Practice Notes

- Per ACOG - If diabetes is diagnosed prior to pregnancy or in the first or early second trimester (typically before 20 weeks gestation) with standard diagnostic criteria of: HbA1C $\geq 6.5\%$, fasting plasma glucose ≥ 126 mg/dL, or 2-hour glucose ≥ 200 mg/dL on a 75-g oral glucose tolerance test, it is considered pre-gestational DM.



Questions?

about ultrasound?