



Reimbursement Information for Diagnostic Ultrasound Procedures Completed by Obstetrician-Gynecologists¹



2020

gehealthcare.com/reimbursement

gehealthcare.com

This overview addresses coding, coverage, and payment for diagnostic ultrasound procedures performed with traditional ultrasound.² For information about procedures performed with pocket-sized ultrasound, please refer to our guide “Reimbursement Information for Diagnostic Ultrasound Procedures Completed with a Vscan™ Family Pocket Sized Ultrasound Device” (<https://www.gehealthcare.com/en/products/reimbursement>). While this advisory focuses on Medicare program policies, these policies may also be applicable to selected private payers throughout the country.

Diagnostic Obstetrical & Gynecology Procedures

The following table includes diagnostic ultrasound CPT^{®3} codes that may apply when obstetrical ultrasound is performed. This information pertains to diagnostic ultrasound procedures. Also included are the 2020 national average Medicare Physician Fee Schedule (MPFS) and the Hospital Outpatient Ambulatory Payment Category (APC) payment rates for the CPT codes. *Payment will vary by geographic locality.*

Table 1: 2020 Medicare reimbursement for procedures related to traditional diagnostic ultrasound obstetrical and gynecology procedures.

| CPT® Code ³ | Description | Physician | | Facility | |
|---------------------------------|--|-------------------------|--------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| First 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 | Professional (26) | \$50.89 | 5522 | \$112.08 |
| | | Technical (TC) | \$73.62 | | |
| | | Global | \$124.51 | | |
| 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$42.22 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$22.01 | | |
| | | Global | \$64.24 | | |
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation | Professional (26) | \$60.27 | 5522 | \$112.08 |
| | | Technical (TC) | \$63.16 | | |
| | | Global | \$123.43 | | |
| 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$50.53 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$29.59 | | |
| | | Global | \$80.82 | | |
| Second - Third Trimester | | | | | |
| 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 | Professional (26) | \$50.89 | 5522 | \$112.08 |
| | | Technical (TC) | \$91.67 | | |
| | | Global | \$142.55 | | |
| 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 (List separately in addition to code for primary procedure) | Professional (26) | \$50.53 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$42.95 | | |
| | | Global | \$93.47 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|---|---|----------------------------|-----------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Second – Third Trimester (cont.) | | | | | |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | Professional (26) | \$96.72 | 5523 | \$233.04 |
| | | Technical (TC) | \$84.09 | | |
| | | Global | \$180.81 | | |
| 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$90.58 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$111.88 | | |
| | | Global | \$202.46 | | |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses | Professional (26) | \$33.20 | 5522 | \$112.08 |
| | | Technical (TC) | \$52.33 | | |
| | | Global | \$85.53 | | |
| 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 | Professional (26) | \$43.31 | 5522 | \$112.08 |
| | | Technical (TC) | \$71.82 | | |
| | | Global | \$115.13 | | |
| Vaginal | | | | | |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal | Professional (26) | \$38.25 | 5522 | \$112.08 |
| | | Technical (TC) | \$59.19 | | |
| | | Global | \$97.44 | | |
| Fetal Biophysical Profile | | | | | |
| 76818 | Fetal biophysical profile; with non-stress testing | Professional (26) | \$53.41 | 5522 | \$112.08 |
| | | Technical (TC) | \$66.77 | | |
| | | Global | \$120.18 | | |
| 76819 | Fetal biophysical profile; without non-stress testing | Professional (26) | \$39.34 | 5522 | \$112.08 |
| | | Technical (TC) | \$49.08 | | |
| | | Global | \$88.42 | | |
| Fetal ECHOCARDIOGRAPHY | | | | | |
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording | Professional (26) | \$84.09 | 5524 | \$481.58 |
| | | Technical (TC) | \$194.16 | | |
| | | Global | \$278.25 | | |
| 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study | Professional (26) | \$41.86 | 5523 | \$233.04 |
| | | Technical (TC) | \$123.43 | | |
| | | Global | \$165.29 | | |
| 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete | Professional (26) | \$29.23 | 5522 | \$112.08 |
| | | Technical (TC) | \$45.47 | | |
| | | Global | \$74.71 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|--|---|-------------------------|--------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Fetal Echocardiography (cont.) | | | | | |
| 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study | Professional (26) | \$28.51 | 5522 | \$112.08 |
| | | Technical (TC) | \$24.54 | | |
| | | Global | \$53.05 | | |
| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | Professional (26) | \$3.25 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$22.01 | | |
| | | Global | \$25.26 | | |
| Fetal Evaluation | | | | | |
| 76820 | Doppler velocimetry, fetal; umbilical artery | Professional (26) | \$25.62 | 5522 | \$112.08 |
| | | Technical (TC) | \$22.01 | | |
| | | Global | \$47.64 | | |
| 76821 | Doppler velocimetry, fetal; middle cerebral artery | Professional (26) | \$35.37 | 5522 | \$112.08 |
| | | Technical (TC) | \$56.66 | | |
| | | Global | \$92.03 | | |
| 3D Rendering | | | | | |
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation | Professional (26) | \$10.11 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$13.35 | | |
| | | Global | \$23.46 | | |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation | Professional (26) | \$40.78 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$32.48 | | |
| | | Global | \$73.26 | | |
| Assisted Reproductive Medicine Examinations | | | | | |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) | Professional (26) | \$29.95 | 5522 | \$112.08 |
| | | Technical (TC) | \$62.80 | | |
| | | Global | \$92.75 | | |
| 76830 | Ultrasound, transvaginal | Professional (26) | \$35.37 | 5522 | \$112.08 |
| | | Technical (TC) | \$89.86 | | |
| | | Global | \$125.26 | | |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed | Professional (26) | \$36.81 | 5523 | \$233.04 |
| | | Technical (TC) | \$84.45 | | |
| | | Global | \$121.26 | | |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | Professional (26) | \$35.01 | 5522 | \$112.08 |
| | | Technical (TC) | \$76.51 | | |
| | | Global | \$111.52 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|--|---|----------------------------|-----------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Assisted Reproductive Medicine Examinations (cont.) | | | | | |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | Professional (26) | \$25.26 | 5522 | \$112.08 |
| | | Technical (TC) | \$24.18 | | |
| | | Global | \$49.44 | | |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation | Professional (26) | \$33.92 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$43.67 | | |
| | | Global | \$ 77.59 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|---------------------------|--|---|---|----------|--|
| | | Facility Physician Payment ⁴ | Non-Facility Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Gynecology | | | | | |
| 51798 | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound; non-imaging | NA | \$10.47 | 5733 | \$55.01 |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | \$59.55 | \$199.58 | NA | Packaged. No extra payment. |
| 58356 | Endometrial cryoablation with ultrasonic guidance including endometrial curettage, when performed | \$369.92 | \$1,887.10 | 5415 | \$4,271.54 |

| CPT® Code ³ | Description | Physician | | Facility | |
|---|---|----------------------------|-----------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Gynecology Ultrasound Procedures | | | | | |
| 76830 | Ultrasound, transvaginal | Professional (26) | \$35.37 | 5522 | \$112.08 |
| | | Technical (TC) | \$89.86 | | |
| | | Global | \$125.23 | | |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed | Professional (26) | \$36.81 | 5523 | \$233.04 |
| | | Technical (TC) | \$84.85 | | |
| | | Global | \$121.26 | | |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | Professional (26) | \$35.01 | 5522 | \$112.08 |
| | | Technical (TC) | \$76.51 | | |
| | | Global | \$111.52 | | |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | Professional (26) | \$25.26 | 5522 | \$112.08 |
| | | Technical (TC) | \$24.18 | | |
| | | Global | \$49.44 | | |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | Professional (26) | \$32.48 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$25.98 | | |
| | | Global | \$58.47 | | |

Intraoperative Procedures

Table 2: 2020 Medicare reimbursement for intraoperative procedures related to diagnostic ultrasound obstetrical and gynecology procedures.

| CPT® Code ³ | Description | Physician | | Facility | |
|---|--|---|---|----------|--|
| | | Facility Physician Payment ⁴ | Non-Facility Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| INTRODUCTION PROCEDURES/INVASIVE SERVICES FOR OB AND GYN | | | | | |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | \$59.55 | \$199.58 | NA | Packaged. No extra payment. |
| 58356 | Endometrial cryoablation with ultrasonic guidance including endometrial curettage, when performed | \$369.92 | \$1,878.01 | 5415 | \$4,271.54 |
| 59000 | Amniocentesis; diagnostic | \$84.09 | \$125.23 | 5413 | \$638.46 |
| 59001 | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) | \$186.94 | NA | 5412 | \$270.72 |
| 59070 | Transabdominal amnioinfusion, including ultrasound guidance | \$324.45 | \$419.36 | 5412 | \$270.72 |
| 59074 | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance | \$324.45 | \$403.12 | 5412 | \$270.72 |
| 59076 | Fetal shunt placement, including ultrasound guidance | \$548.56 | NA | 5412 | \$270.72 |

| CPT® Code ³ | Description | Physician | | Facility | |
|---|---|-------------------------|--------------------------------|----------|--|
| | | Reimbursement Component | Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| DIAGNOSTIC ULTRASOUND/ULTRASOUND GUIDANCE PROCEDURES | | | | | |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed | Professional (26) | \$36.81 | 5523 | \$233.04 |
| | | Technical (TC) | \$84.45 | | |
| | | Global | \$121.26 | | |
| 76941 | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation | Professional (26) | \$68.57 | NA | Packaged. No extra payment. |
| | | Technical (TC) | Carrier priced | | |
| | | Global | Carrier priced | | |
| 76945 | Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation | Professional (26) | \$33.92 | NA | Packaged. No extra payment. |
| | | Technical (TC) | Carrier priced | | |
| | | Global | Carrier priced | | |
| 76946 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation | Professional (26) | \$19.13 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$13.71 | | |
| | | Global | \$32.84 | | |
| 76998 | Ultrasound guidance, intraoperative | Professional (26) | \$64.96 | NA | Packaged. No extra payment. |
| | | Technical (TC) | Carrier priced | | |
| | | Global | Carrier priced | | |

Generic Billing Codes

Table 3: 2020 Medicare reimbursement for procedures related to diagnostic ultrasound gynecology procedures.

| CPT® Code ³ | Description | Physician | | Facility | |
|--|--|-------------------------|---|----------|--|
| | | Reimbursement Component | Medicare Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| General Obstetrics Examinations | | | | | |
| 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 | Professional (26) | \$50.89 | 5522 | \$112.08 |
| | | Technical (TC) | \$73.62 | | |
| | | Global | \$124.51 | | |
| 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$42.22 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$22.01 | | |
| | | Global | \$64.24 | | |
| 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 | Professional (26) | \$50.89 | 5522 | \$112.08 |
| | | Technical (TC) | \$91.67 | | |
| | | Global | \$142.55 | | |
| 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 (List separately in addition to code for primary procedure) | Professional (26) | \$50.53 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$42.95 | | |
| | | Global | \$93.47 | | |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | Professional (26) | \$96.72 | 5523 | \$233.04 |
| | | Technical (TC) | \$84.09 | | |
| | | Global | \$180.81 | | |
| 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$90.58 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$111.88 | | |
| | | Global | \$202.46 | | |
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation | Professional (26) | \$60.27 | 5522 | \$112.08 |
| | | Technical (TC) | \$63.16 | | |
| | | Global | \$123.43 | | |
| 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure) | Professional (26) | \$50.53 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$29.59 | | |
| | | Global | \$80.12 | | |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses | Professional (26) | \$33.20 | 5522 | \$112.08 |
| | | Technical (TC) | \$52.33 | | |
| | | Global | \$85.53 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|--|---|-------------------------|---|----------|--|
| | | Reimbursement Component | Medicare Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| General Obstetrics Examinations (cont.) | | | | | |
| 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 | Professional (26) | \$43.31 | 5522 | \$112.08 |
| | | Technical (TC) | \$71.82 | | |
| | | Global | \$115.13 | | |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal | Professional (26) | \$38.25 | 5522 | \$112.08 |
| | | Technical (TC) | \$59.19 | | |
| | | Global | \$97.44 | | |
| 76818 | Fetal biophysical profile; with non-stress testing | Professional (26) | \$53.41 | 5522 | \$112.08 |
| | | Technical (TC) | \$66.77 | | |
| | | Global | \$120.18 | | |
| 76819 | Fetal biophysical profile; without non-stress testing | Professional (26) | \$39.34 | 5522 | \$112.08 |
| | | Technical (TC) | \$49.48 | | |
| | | Global | \$88.42 | | |
| 76820 | Doppler velocimetry, fetal; umbilical artery | Professional (26) | \$25.62 | 5522 | \$112.08 |
| | | Technical (TC) | \$22.01 | | |
| | | Global | \$47.64 | | |
| 76821 | Doppler velocimetry, fetal; middle cerebral artery | Professional (26) | \$35.37 | 5522 | \$112.08 |
| | | Technical (TC) | \$56.66 | | |
| | | Global | \$92.03 | | |
| Fetal Echocardiography | | | | | |
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording | Professional (26) | \$84.09 | 5524 | \$481.58 |
| | | Technical (TC) | \$194.16 | | |
| | | Global | \$278.25 | | |
| 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study | Professional (26) | \$41.86 | 5523 | \$233.04 |
| | | Technical (TC) | \$123.43 | | |
| | | Global | \$165.29 | | |
| 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete | Professional (26) | \$29.23 | 5522 | \$112.08 |
| | | Technical (TC) | \$45.47 | | |
| | | Global | \$74.71 | | |
| 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study | Professional (26) | \$28.51 | 5522 | \$112.08 |
| | | Technical (TC) | \$24.54 | | |
| | | Global | \$53.05 | | |

| CPT® Code ³ | Description | Physician | | Facility | |
|----------------------------|---|-------------------------|---|----------|--|
| | | Reimbursement Component | Medicare Physician Payment ⁴ | APC | Hospital Outpatient Payment ⁵ |
| Ultrasound Guidance | | | | | |
| 76941 | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation | Professional (26) | \$68.57 | NA | Packaged. No extra payment. |
| | | Technical (TC) | Carrier priced | | |
| | | Global | Carrier priced | | |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | Professional (26) | \$32.48 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$25.98 | | |
| | | Global | \$58.047 | | |
| 76945 | Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation | Professional (26) | \$32.92 | NA | Packaged. No extra payment. |
| | | Technical (TC) | Carrier priced | | |
| | | Global | Carrier priced | | |
| 76946 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation | Professional (26) | \$19.13 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$13.71 | | |
| | | Global | \$32.84 | | |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation | Professional (26) | \$33.92 | NA | Packaged. No extra payment. |
| | | Technical (TC) | \$43.67 | | |
| | | Global | \$77.59 | | |
| Non-Obstetrical | | | | | |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | Professional (26) | \$35.01 | 5522 | \$112.08 |
| | | Technical (TC) | \$76.51 | | |
| | | Global | \$111.52 | | |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | Professional (26) | \$25.26 | 5522 | \$112.08 |
| | | Technical (TC) | \$24.18 | | |
| | | Global | \$49.44 | | |

Payment Methodologies for Ultrasound Services

Medicare reimburses for ultrasound services when the services are within the scope of the provider's license and are deemed medically necessary. The following describes the various payment methods by site of service.

Site of Service – Ultrasound Services

Physician Office (Medicare Physician Fee Schedule (MPFS))

In the office setting, a physician who owns the equipment and performs the ultrasound guidance or a sonographer who performs the service may report the global/non-facility code and report the CPT code without any modifier may be reported.

Hospital Outpatient

If the site of service is a hospital outpatient setting and the physician is performing the ultrasound guidance, the 26 modifier (professional service only) should be appended to the CPT code for the imaging service.

Based on the Medicare Outpatient Prospective Payment System (OPPS), the technical component of image guidance for a needle placement procedure that is performed in the hospital outpatient department is considered a packaged service. This means that the payment to the facility for these services is included in the payment for the primary procedure.

Coverage Policies

Use of diagnostic ultrasound services may be a covered benefit if such usage meets all requirements established by that particular payer. It is advisable that you check with your local Medicare Contractor for specific coverage requirements. Also, it is essential that each claim be coded appropriately and supported with adequate documentation in the medical record.

Coverage by private payers varies by payer and by plan with respect to which medical specialties may perform ultrasound services. Some payers will reimburse ultrasound procedures to all specialties while other plans will limit ultrasound procedures to specific types of medical specialties. In addition, there are plans that require providers to submit applications requesting these services be added to the list of services performed in their practice. Also, ultrasound examinations are usually not included in the obstetrical global package and may be billed separately. However, certain payers may bundle the obstetrical ultrasound procedure into the global obstetrical package. It is important that you contact the payer prior to submitting claims to determine their requirements.

Modifiers

Modifiers explain that a procedure or service was changed without changing the definition of the CPT code set. Here are some common modifiers related to the use of ultrasound procedures.

26-Professional Component

A physician who performs the interpretation of an ultrasound exam in the hospital outpatient setting may submit a charge for the professional component of the ultrasound service using a modifier (26) appended to the ultrasound code.

TC-Technical Component

This modifier would be used to bill for services by the owner of the equipment only to report the technical component of the service. This modifier is most commonly used if the service is performed in an Independent Diagnostic Testing Facility (IDTF).

52-Reduced Services

This modifier would be used in certain circumstances when a service or procedure is partially reduced or eliminated at the physician's discretion.

76-Repeat Procedure by Same Physician

This modifier is defined as a repeat procedure by the physician on the same date of service or patient session. The CPT defines "same physician" as not only the physician doing the procedure but also as a physician of the same specialty working for the same medical group/employer.

77-Repeat Procedure by Another Physician

This modifier is defined as a repeat procedure by another physician on the same date of service or patient session. "Another physician" refers to a physician in a different specialty or one who works for a different group/employer. Medical necessity for repeating the procedure must be documented in the medical record in addition to the use of the modifier.

ICD-10-CM Diagnosis Coding

It is the physician's ultimate responsibility to select the codes that appropriately represent the service performed, and to report the ICD-10-CM code based on his or her findings or the pre-service signs, symptoms or conditions that reflect the reason for doing the ultrasound.

Limited vs. Complete Ultrasound

Complete and limited ultrasound studies are defined in the ultrasound introductory section notes of the 2020 CPT book. According to CPT, the report should contain a description of all elements or the reason that an element could not be visualized. As stated in the guidelines, If less than the required elements for a 'complete' exam are reported (eg, limited number of organs or limited portion of region evaluated), the limited code for that anatomic region should be used once per patient exam session.⁶

Other Considerations

The American Society of Echocardiography (ASE) published a position statement (J Am Soc Echocardiog 2002; 15: 369-73) about hand carried ultrasound in April 2002. This position establishes that "The safety and effectiveness of a diagnostic study should be judged on the medical indications of the study, the qualifications and experience of the providers of service, the quality and completeness of the diagnostic information obtained, and the adherence to published and widely accepted professional standards and processes developed, and not based on the size or cost of the instrumentation used to perform the study."⁷

Furthermore, the ASE document states that the technical capabilities of Hand Carried Ultrasound (HCU) equipment do not themselves serve as a means for distinguishing a complete or limited echocardiogram from an extension of a physical exam.

Therefore, if the appropriate images and data are recorded as follows, the study should be considered an independent diagnostic test rather than an extension of the patient's physical examination.

- A qualified sonographer or physician and interpret the ultrasound exam
- Interpreted by a physician with a level 2 (or higher) training in echocardiography (level 2 is described by the American College of Cardiology (ACC) here: (http://www.acc.org/qualityandscience/clinical/competence/echo/III_transthoracic.htm),
- Reported in an appropriate manner,
- Archived properly,
- And the study was performed for an approved clinical indication

References

1. Information presented in this document is current as of February 28, 2020. Any subsequent changes which may occur in coding, coverage and payment are not reflected herein.
2. The federal statute known as the Stark Law (42 U.S.C. §1395nn) imposes certain requirements which must be met in order for physicians to bill Medicare patients for in-office radiology services. In some states, similar laws cover billing for all patients. In addition, licensure, certificate of need, and other restrictions may be applicable.
3. 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
4. Third party reimbursement amounts and coverage policies for specific procedures will vary by payer and by locality. The technical and professional components are paid under the Medicare physician fee schedule (MPFS). The MPFS payment is based on relative value units published in Federal Register/Vol. 84, No. 221/Wednesday, November 15, 2019. Amounts do not necessarily reflect any subsequent changes in payment since publication. To confirm reimbursement rates for specific codes, consult with your local Medicare contractor.
5. Third party reimbursement amounts and coverage policies for specific procedures will vary by payer and by locality. The technical component is a payment amount assigned to an Medicare Ambulatory Payment Classification under the hospital outpatient prospective payment system, as published in the Federal Register/Vol. 84, No. 218/Monday, November 12, 2019. Amounts do not necessarily reflect any subsequent changes in payment since publication. To confirm reimbursement rates for specific codes, consult with your local Medicare contractor.
6. 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Diagnostic Ultrasound guidelines, page 495.
7. American Society of Echocardiography Report on Hand Carried Ultrasound (HCU) April 2002 (J Am Soc Echocardiog 2002; 15:369-73).

Disclaimer

THE INFORMATION PROVIDED WITH THIS NOTICE IS GENERAL REIMBURSEMENT INFORMATION ONLY; IT IS NOT LEGAL ADVICE, NOR IS IT ADVICE ABOUT HOW TO CODE, COMPLETE OR SUBMIT ANY PARTICULAR CLAIM FOR PAYMENT. IT IS ALWAYS THE PROVIDER'S RESPONSIBILITY TO DETERMINE AND SUBMIT APPROPRIATE CODES, CHARGES, MODIFIERS AND BILLS FOR THE SERVICES THAT WERE RENDERED. THIS INFORMATION IS PROVIDED AS OF FEBRUARY 28TH, 2020, AND ALL CODING AND REIMBURSEMENT INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE. PAYERS OR THEIR LOCAL BRANCHES MAY HAVE DISTINCT CODING AND REIMBURSEMENT REQUIREMENTS AND POLICIES. BEFORE FILING ANY CLAIMS, PROVIDERS SHOULD VERIFY CURRENT REQUIREMENTS AND POLICIES WITH THE LOCAL PAYER. THIRD PARTY REIMBURSEMENT AMOUNTS AND COVERAGE POLICIES FOR SPECIFIC PROCEDURES WILL VARY INCLUDING BY PAYER, TIME PERIOD AND LOCALITY, AS WELL AS BY TYPE OF PROVIDER ENTITY. THIS DOCUMENT IS NOT INTENDED TO INTERFERE WITH A HEALTH CARE PROFESSIONAL'S INDEPENDENT CLINICAL DECISION MAKING. OTHER IMPORTANT CONSIDERATIONS SHOULD BE TAKEN INTO ACCOUNT WHEN MAKING DECISIONS, INCLUDING CLINICAL VALUE. THE HEALTH CARE PROVIDER HAS THE RESPONSIBILITY, WHEN BILLING TO GOVERNMENT AND OTHER PAYERS (INCLUDING PATIENTS), TO SUBMIT CLAIMS OR INVOICES FOR PAYMENT ONLY FOR PROCEDURES WHICH ARE APPROPRIATE AND MEDICALLY NECESSARY. YOU SHOULD CONSULT WITH YOUR REIMBURSEMENT MANAGER OR HEALTHCARE CONSULTANT, AS WELL AS EXPERIENCED LEGAL COUNSEL.



© 2020 General Electric Company – All rights reserved.

GE Healthcare reserves the right to make changes in specifications and features shown herein, or discontinue the product described at any time without notice or obligation. Contact your GE Healthcare representative for the most current information. GE, the GE Monogram, and Vscan are trademarks of General Electric Company. GE Healthcare, a division of General Electric Company. CPT is a trademark of the American Medical Association. GE Medical Systems, Inc., doing business as GE Healthcare.

July 2020
JB82973US