Coding the Ob scan
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Objectives
At the conclusion of this presentation you will be able to:
1. Code your scans more accurately
2. Understand new CPT & ICD codes

Conflicts
• Member of AMA
• No financial conflicts
• Depend on insurance companies for income
• Contribution to my salary from Yale Corporation for being a Professor: $0

Coding in Ob Sonography
The Bibles:
• CPT book sets rules (the what)
• ICD book the reasons (the why)
• Descriptions imperfect

“When I use a word,” Humpty Dumpty said in rather a scornful tone, “it means just what I choose it to mean - neither more nor less.”

Lewis Carroll, Through the Looking Glass
“People say, ‘Give ‘em hell, Harry.’
I never give them hell. I just tell the truth and they think it’s hell.”

Harry S. Truman

Coding in Ob Sonography

• Codes assigned by CPT Committee of AMA
• Representation from ACOG, ACR, AIUM
• Changes proposed from members

Coding in Ob Sonography

• If accepted, Relative Value Units (RVUs) assigned by Relative Value Committee (RUC) after polling practitioners
• RVUs are based on average work
• Budget neutrality often an issue in assigning RVUs
• RVUs used by some payors to determine reimbursement

Coding in Ob Sonography

• -22 Unusual complexity (good luck)
• -26 Professional component
  – Facility bills “-TC”
• Bill global only if all 3 of these are true:
  – YOU own or lease the machine, and
  – YOU own or rent the space, and
  – YOU employ the sonographer
• Otherwise you MUST use -26!

FAQs

If I have a low risk patient and do a REALLY thorough scan, can I bill 76811 instead of 76805?

Answer: Unfortunately no. Code the indication, not the procedure

FAQs

But my compliance office says that’s fraud!

Answer: They’re wrong. Code the indication, not the scan
Relevant concept: medical necessity, same as for E&M codes
FAQs

I scan my diabetics and hypertensives regularly for growth and always do a thorough examination of fetal anatomy. How do I code?

Answer: 76816, those are follow up exams.

FAQs

How should I code Ductus Venosus Doppler?

Answer: it’s a freebie.

Relax, you’re not doing that in isolation, are you?

FAQs

Can I assign 740-759 series codes as a secondary code when a fetal anomaly is found?

Answer: Codes from Chapter 14 Congenital Anomalies (740-759.9) should not be reported as a maternal codes

Use codes from the 655.xx series

These codes on maternal record give the mother the anomaly

Coming Attraction(?)

• October 1, 2014: ICD-10
  • Used in rest of world
  • Now ~14,500 codes
  • ICD-10 has ~70,000!

• First character always a letter
  – Ch 14 (N) GU system
  – Ch 15 (O) Pregnancy, childbirth & puerperium

• Second character always a number
• Characters 37 either letter or number
• Example: O9A.311 Physical abuse complicating pregnancy, first trimester

Key changes

• ICD 9- 3-5 character, mostly numeric
• ICD 10-Alphanumeric, up to 7 characters
• Inclusion of trimesters in codes

Format
Deciphering

- Format AAA.BBBC
- AAA = Category
- BBB = Etiology, anatomic site, severity
- C = severity (or # of multiple for us)
- Placeholder character X
  - For future expansion
  - Must include if in a location

More codebreaking

- Some codes require 7\textsuperscript{th} character for multiples
  - 0 = not applicable, ie only 1 fetus
  - 1-5 = fetus number
  - 9 = other fetus(es) beyond #5
- Must report code from O30 category which designates placentation

Examples

- O36: maternal care for other fetal problems
  - O36.5123 Maternal care for known or suspected placental insufficiency, 3\textsuperscript{rd} tri
- O40: polyhydramnios
  - O40.3xx0 Polyhydramnios, 3\textsuperscript{rd} tri, single fetus

New term: GEMS

- General Equivalence Mapping
- “A sentence translated from English to Chinese may not be able to capture the full meaning of the original because of fundamental differences in the structure of the language. Likewise, a code set may not be able to seamlessly link the codes in one set to identical counterparts in the other code set.”

NCHS web site

GEMS rules

- There are no rules
- Variable number of new codes
- Arranged according to different “axes”

“Unequal axes of classification”

Classified by stage of pregnancy: ICD-10-CM
- 026.851 Spotting complicating pregnancy, 1\textsuperscript{st} tri
- 026.852 Spotting complicating pregnancy, 2\textsuperscript{nd} tri
- 026.853 Spotting complicating pregnancy, 3\textsuperscript{rd} tri
- 026.859 Spotting complicating pregnancy, unspecified trimester

Classified by episode of care: ICD-9-CM
- 649.50 Spotting complicating pregnancy, unspecified episode of care
- 649.51 Spotting complicating pregnancy, delivered
- 649.53 Spotting complicating pregnancy, antepartum
ICD-10 rules

- Some similar to ICD-9
- Chapter 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- Codes from this chapter are not for use on maternal or fetal records

Our areas of interest

Chapter 14 (N) contains
- “Inflammatory diseases of female pelvic organs,”
- “Noninflammatory disorders of female genital tract”

Endometriosis

N80.0 Endometriosis of uterus
   Adenomyosis
N80.1 Endometriosis of ovary
N80.2 Endometriosis of fallopian tube
N80.3 Endometriosis of pelvic peritoneum
N80.4 Endometriosis of rectovaginal septum and vagina
N80.5 Endometriosis of intestine
N80.6 Endometriosis in cutaneous scar
N80.8 Other endometriosis
N80.9 Endometriosis, unspecified

Pregnancy- Chapter 15

Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)
- Trimesters are counted from the first day of the last menstrual period. They are defined as follows:
  - 1st trimester: <14 + 0
  - 2nd trimester: 14 + 0 - < 28 + 0
  - 3rd trimester: 28 + 0 until delivery
- Use additional code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy (Z3A.36 for 36 weeks’ gestation)

Actual screen shot

How about ultrasound?

- “Congenital” only used in relation to uterine anomalies
- “Defect” only used for coagulation defects
Look familiar?

- O35.0 Maternal care for (suspected) central nervous system malformation in fetus
- O35.1 Maternal care for (suspected) chromosomal abnormality in fetus
- O35.2 Maternal care for (suspected) hereditary disease in fetus
- O35.3 Maternal care for (suspected) damage to fetus from viral disease in mother
- O35.4 Maternal care for (suspected) damage to fetus from alcohol
- O35.5 Maternal care for (suspected) damage to fetus by drugs
- O35.6 Maternal care for (suspected) damage to fetus by radiation
- O35.7 Maternal care for (suspected) damage to fetus by other medical procedures
- O35.8 Maternal care for other (suspected) fetal abnormality and damage
- O35.9 Maternal care for (suspected) fetal abnormality and damage, unspecified

Conclusions

- Looks like it's going to happen this time
- You should be preparing now
- EHR selection should be done (you want that for meaningful use $$)
- Talk to vendor about conversion

Coding in Ob Sonography

Additional resources:
  - Available at <www.smfm.org>
- ACOG “CPT Coding in Obstetrics & Gynecology”
  Both updated annually

Coding in Ob Sonography

1st Trimester

- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
- 76802 ;each additional gestation (List separately in addition to code for primary procedure performed)

2nd Trimester

- 76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥14 weeks 0 days), transabdominal approach; single or first gestation
- 76810 ; each additional gestation
Coding in Ob Sonography

2nd/3rd Trimester

- 76811 Ultrasound, pregnant uterus, real time with image documentation, maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
- 76812 ; each additional gestation (List separately in addition to code for primary procedure)

Coding in Ob Sonography

2nd/3rd trimester

- 76815 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
- Use 76815 only once per exam and not per element

Coding in Ob Sonography

- Physician interpretation and signed final report are components of all of the codes
- Cannot bill 76805 or 76810 simultaneously to 76815, they are mutually exclusive

Coding in Ob Sonography

2nd/3rd Trimester

- 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
- Report 76816 with modifier ‘-59’ for each additional fetus examined in a multiple pregnancy

Coding in Ob Sonography

Vaginal Sonography

- 76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
- For gyn transvaginal ultrasound, use 76830
- If transvaginal examination is done in addition to transabdominal obstetrical ultrasound, use 76817 in addition to appropriate transabdominal code

What about when patient comes back much later?
- Is there a new indication or is this scan for the same indication?
  - If new indication, use 76805
  - If not new, use 76816
- Yes, even if you do all the biometry, etc
**Coding in Ob Sonography**

**Biophysical Profile**

76818 Fetal biophysical profile; with non-stress testing
76819 Fetal biophysical profile; without non-stress testing

**Coding in Ob Sonography**

**Biophysical Profile**

- 76818 & 76819 both include MD interpretation and report
- 76819 replaces downcoding 76818 when BPP by Radiologist, NST by Ob-Gyn
- For AFI alone use 76815 (limited) – Add 59025 if NST done too

**Coding in Ob Sonography**

**Doppler**

- 76820 Umbilical artery Doppler
- 76821 Middle cerebral artery Doppler
- 76827 Echocardiography (heart)
- 93325 Color Doppler echocardiography
  – Use with 76825, Fetal echo
  – NOT for finding the umbilical arteries

**Coding in Ob Sonography**

**NT exam**

- New codes January ’07
  - 76813 First fetus
  - 76814 Each additional fetus
- Regardless of TA or TV approach
- Stand-alone or add-on (IF you do full 76801)

**Coding in Ob Sonography**

**3D/4D Sonography**

- 76376 Multiplanar reconstruction of ultrasound, computerized tomography, magnetic resonance imaging, or other tomographic modality using US machine
- 76377 same but off-line reconstruction
- Add on codes

**Coding in Ob Sonography**

**3D/4D Sonography**

- 76376 assigned 4.39 RVUs (in CT)
  - Technical: 4.19
  - Professional: 0.20 ($7.58)

What’s good old 76805?

- Total: 3.75
- Technical: 2.27
- Professional: 1.48
Coding in Ob Sonography

- 59000 Genetic or Lung Maturity amnio
  - Bill with 76946 for guidance (if YOU do it)
- 59001 Therapeutic amnioreduction
  - Treatment of twin-twin transfusion syndrome, severe polyhydramnios
  - Code includes ultrasound guidance so DO NOT bill that separately!

Base RVU Assignments

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>RVU</th>
<th>Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>76805</td>
<td>Basic scan</td>
<td>1.00</td>
<td>+0.01</td>
</tr>
<tr>
<td>76810</td>
<td>Multiple*</td>
<td>0.97</td>
<td>-1.00</td>
</tr>
<tr>
<td>76815</td>
<td>Limited</td>
<td>0.65</td>
<td>+0.00</td>
</tr>
<tr>
<td>76816</td>
<td>Follow-up*</td>
<td>0.85</td>
<td>+0.28</td>
</tr>
<tr>
<td>76801</td>
<td>1st trimester</td>
<td>0.99</td>
<td>+0.99</td>
</tr>
<tr>
<td>76802</td>
<td>1st tri multiple*</td>
<td>0.85</td>
<td>+0.83</td>
</tr>
<tr>
<td>76811</td>
<td>Comp. Fetal survey</td>
<td>1.90</td>
<td>+1.90</td>
</tr>
<tr>
<td>76812</td>
<td>Comp. Fetal survey*</td>
<td>1.78</td>
<td>+1.78</td>
</tr>
<tr>
<td>76817</td>
<td>Ob transvag</td>
<td>0.76</td>
<td>+0.07</td>
</tr>
</tbody>
</table>

*per fetus

SMFM Statement on 76811

Because this new code will be assigned more RVUs than the basic obstetrical sonogram (76805), the SMFM believes that the new code describes an examination involving significantly more work, and requiring greater expertise than that required for 76805. Additionally, sophisticated equipment, rather than typical office level ultrasound machines, will be required to obtain the necessary imaging detail.

SMFM Statement on 76811

"The level of expertise required to perform this examination can generally only be obtained through the extended education beyond residency that is acquired in a fellowship in Maternal-Fetal Medicine or Radiology... Use of this code by general obstetricians should be the exception rather than the rule."

Coding in Ob Sonography

- 59070 Transabdominal amnioinfusion
- 59072 Umbilical cord occlusion
- 59074 Fetal fluid aspiration
- 59076 Fetal shunt placement
- 59897 Other unlisted fetal procedure

Coding in Ob Sonography

- Transabd. amnioinfusion 5.25 RVU
- Umbilical cord occlusion 9.00 RVU
- Fetal fluid aspiration 5.25 RVU
- Fetal shunt procedures 9.00 RVU

These are all professional component (-26) assignments
ICD Codes
- Know if your carriers pay attention
- Use all that apply
- Prioritize
- Try not to use “V codes” (screening codes) as primary indication
- New ICDs fetal indications 2008, 2010
- Anthem: AMA not an indication for ultrasound/amnio etc

ICD Codes- Anatomy survey
If AMA:
1. 655.13 Suspected/known chromosome abnormality
2. Either:
   - 659.53 AMA, first pregnancy, or
   - 659.63 AMA, 2+ pregnancy
   OR
   - V23.81 Elderly primigravida, or
   - V23.82 Elderly multigravida
3. V28.81 Encounter for fetal anatomic survey

ICD Codes- Anatomy survey
For History congenital anomalies:
1. 655.23 Suspected/known hereditary disease affecting fetus
2. V19.5 Family history congenital anomalies
3. V28.81 Encounter for fetal anatomic survey

New ICD Codes 10/08
- V28.3 Encounter for routine screening for malformation using ultrasonics
- V28.82 Encounter for screening for risk of pre-term labor
- V28.89 Other specified antenatal screening (NT, CVS)

New ICD Codes 10/08
- V88.03 Acquired absence of cervix with remaining uterus
- V89.05 Suspected cervical shortening not found
- V89.09 Other suspected maternal and fetal condition not found
New ICD Codes 10/08

- V15.21 Personal history of undergoing in utero procedure during pregnancy
- V15.22 Personal history of undergoing in utero procedure while a fetus
- V23.86 Pregnancy with history of in utero procedure during previous pregnancy

Coding Example 1
Patient has an increased risk for Down Syndrome or Trisomy 18. Ultrasound findings are normal. Code this as:

- 655.13 (Known or suspected chromosomal abnormality of the fetus)
- 796.5 (Abnormal finding on antenatal screening)
- V89.03 (Suspected fetal anomaly not found)
- V28.81 Encounter for fetal anatomic survey

Coding Example 2
Patient referred for suspected polyhydramnios. Consultative scan shows normal amniotic fluid volume.

- 657.03 (Polyhydramnios)
- V89.01 (Suspected problem with amniotic cavity and membrane not found)

New ICD Codes 10/08

- 649.7(0, 1, 3) Cervical shortening, unspecified as to episode of care or not applicable
- 678.0(0, 1, 3) Fetal hematologic conditions
- 678.1(0, 1, 3) Fetal conjoined twins
- 679.0X, 679.1X complications of in utero procedures

ICD Codes- Fetal diseases (655)

- 655.03 Susp/known CNS malformation
- 655.13 Susp/known chromosome anomaly
- 655.23 Susp/known hereditary disease
- 655.33 Susp/known damage from maternal viral disease
- 655.43 Susp/known damage from maternal disease (Alcohol)
ICD Codes - Fetal diseases (655)

- 655.53 Susp/known damage from drugs
- 655.63 Susp/known damage from radiation
- 655.73 Susp/known decreased fetal movement
- 655.83 Susp known fetal abnormality NEC (Not Elsewhere Classified)

ICD codes - Placenta

- 641.03 Placenta previa without hemorrhage
- 641.13 Placenta previa with hemorrhage, or Pregnancy bleeding
- 641.23 Placental abruption
- 656.73 Placenta, abnormal

ICD Codes - Fetal growth/fluid

- 656.53
  - Size < dates, or IUGR
  - Suspected oligohydramnios
- 656.63
  - Size > dates, or macrosomia
  - Suspected polyhydramnios
- 657.03 Polyhydramnios
- 658.03 Oligohydramnios
- V28.8 Dating/growth screening

ICD Codes - a few more

- 654.13 Fibroids in pregnancy
- 654.53 Incompetent cervix
- 646.13 Excessive maternal weight gain
- 646.83 Poor maternal weight gain
- V28.4 Screening for IUGR by ultrasound

ICD Codes

- Do NOT use 760 - 779.9
- Even though these have word “fetal” in description
- Neonatal/pediatric codes
- Use will result in automatic rejection of claim

New October 1, 2010

- 752.31 Agenesis of uterus
- 752.32 Hypoplasia of uterus
- 752.33 Unicorne uterus
- 752.34 Bicornuate uterus
- 752.35 Septate uterus
- 752.36 Arcuate uterus
- 752.39 Other anomalies of uterus
New October 1, 2010

- 752.43 Cervical agenesis
- 752.44 Cervical duplication
- 752.45 Vaginal agenesis
- 752.46 Transverse vaginal septum
- 752.47 Longitudinal vaginal septum

New October 1, 2010

- V85.41 BMI 40.0-44.9
- V85.42 BMI 45.0-49.9
- V85.43 BMI 50.0-59.9
- V85.44 BMI 60.0-69.9
- V85.45 BMI ≥70

New for 2010 - Twins

- V91.00 Unspecified # of placenta, unspecified # of amniotic sacs
- V91.01 Monochorionic/monoamniotic
- V91.02 Monochorionic/diamniotic
- V91.03 Dichorionic/diamniotic
- V91.09 Unable to determine # of placenta and # of amniotic sacs

New for 2010- Triplets

- V91.10 Triplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.11 Two or more monochorionic
- V91.12 Two or more monoamniotic
- V91.19 Triplet gestation, unable to determine # of placenta & amniotic sacs

New for 2010, >3 fetuses

- V91.2X for various combinations of quads
- V91.9X for >4
- Still have 651 series for multiples in general

New for 2011

- 649.81 Onset (spontaneous) of labor after 37 completed weeks but before 39 completed weeks gestation, with delivery by (planned) cesarean section