

Subject:	Obstetrical Ultrasound Procedures		
Policy Number:	PO-RE-093v2		
Effective Date:	11/1/2020	Last Approval Date:	6/30/2026

I. Policy Description

Healthfirst has implemented the following reimbursement policy regarding the billing of CPT 76817 (Ultrasound, pregnant uterus, real time with image documentation, transvaginal) in conjunction with CPT 76801-76812 (Ultrasound, pregnant uterus, real time with image documentation, transabdominal):

A transabdominal ultrasound of the pregnant uterus, real time with image documentation, fetal and maternal evaluation (76801-76812) includes evaluation and documentation of the same structures as a transvaginal ultrasound of the pregnant uterus, real time with image documentation (76817).

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Essential Plan (EP)
• Integrated Benefit Dual Plan (IB-Dual)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Medicaid Managed Care (MMC)	• Qualified Health Plan (QHP)
• Medicare Advantage HMO	• Personal Wellness Plan (HARP)
• Medicare PPO	

Reimbursement Guidelines

1. Healthfirst will no longer reimburse for CPT 76817 when billed along with CPT 76801-76812. Reimbursement for CPT 76817 will be denied in such cases. As these CPT codes are considered redundant and will not be reimbursed unless there are extenuating circumstances to necessitate both approaches.
2. Claims for redundant ultrasound services billed for the same conditions at the same session will be denied unless there are extenuating circumstances that necessitate both the transabdominal and transvaginal approaches. In such cases, additional documentation supporting the medical necessity of both approaches must be provided for reimbursement consideration.

Adjudication and Appeal Process

1. Reimbursement for Obstetrical Ultrasound Procedures services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing".*

II. Applicable Codes

Code	Description	Comment
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	
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	Add-on Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks, 0 days), transabdominal approach; each additional gestation	
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	Add-on Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥ 14 weeks, 0 days), transabdominal approach; each additional gestation	

76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	
76812	Add-on Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation	

III. Definitions

Term	Meaning
N/A	N/A

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes
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6/30/2026	Annual Review: Policy reviewed as part of the annual review process; no substantive changes to policy intent. Adjudication Section: Updated the adjudication section to include standard organizational boilerplate language and messaging. Line of Business Section: Updated the Line of Business (LOB) section to align with the organization's standard LOB language and format.
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Disclaimer:

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.