

<b>Subject:</b>	Obstetrical Ultrasound Procedures		
<b>Policy Number:</b>	PO-RE-093v1		
<b>Effective Date:</b>	11/1/2020	<b>Last Approval Date:</b>	11/20/2023

## 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).

### 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.

***Providers must adhere to Healthfirst Utilization and Medical Management Guidelines for the claim to be considered for reimbursement. Refer to: Healthfirst Provider Manual Submission of an appeal is subject to Healthfirst timely filing guidelines.***

### In Scope Lines of Business:

Medicare, Medicaid, HARP, Child Health Plus, Essential Plan, Qualified Health Plan, Commercial

## 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

## 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

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.