



Society for
Maternal-Fetal
Medicine

SMFM July 2013 Coding Tip #1

Correct Coding Guidance on “How to report multiple scans performed on the same patient for the same date of service”

Multiple scans may be billed on the same patient for the same date of service, as long as they are medically necessary and documented appropriately. Below are some examples on how to report the scans based on locations:

Ultrasound performed at the office POS 11:

768xx with No Modifier

Ultrasound repeated at the Hospital with the corresponding POS (Inpatient 21, Out-Patient 22 or Emergency Room 23):

768xx26-76 Append modifier 76 (Repeat Procedure or Service by Same Physician). Ensure to utilize the modifier that governs the reimbursement primary. Most payers will require clinical justification for the second ultrasound.

If Evaluation and Management services were provided at both locations, CPT Guidelines state when the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service (eg. hospital emergency department, observation status in a hospital, office, nursing facility) all E&M services provided by that physician in conjunction with the admission are considered part of the initial hospital care when performed on the same date as the admission. The inpatient care level of service reported by the admitting physician should include the services related to the admission he/she provided in the other sites of service as well as in the inpatient setting.