

Obstetric or Nonobstetric Ultrasound?

The Current Procedural Terminology (CPT) book divides the codes for pelvic ultrasound services into two categories: Obstetrical (76801-76828) and Nonobstetrical (76830-76857).

However, how does one know which category to use?

An appropriate obstetrical ultrasound code should be selected whenever a diagnosis of pregnancy has been assigned to a patient. This is true if care related to the pregnancy is being provided, even if there is question as to whether the patient has a viable fetus or the patient has delivered.

The organization of the International Classification of Diseases, Clinical Modification, 10th edition (ICD-10-CM) helps make this decision somewhat easier. The clear majority of available diagnosis codes used in the context of pregnancy are found in **Chapter 15—Pregnancy, Childbirth, and the Puerperium (Codes O00-O9A)**. The tip is if the diagnosis code begins with an “O,” then an obstetrical ultrasound CPT code should be selected. For example:

O00.10	Tubal pregnancy without intrauterine pregnancy
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O03.4	Incomplete spontaneous abortion without complication
O72.2	Delayed and secondary postpartum hemorrhage

If a patient has an ultrasound in the postpartum period, but it is not related to the pregnancy (e.g. hemorrhagic cyst (N83.29-), ovarian torsion (N83.51-), etc.), then the appropriate nonobstetrical ultrasound CPT code should be selected.

