



## **SMFM's White Paper on Billing Combination of 76801 and 76813**

This White Paper will deal with this subject and give, to the best of this Committee's knowledge, what the appropriate way of billing and obtaining reimbursement for such services.

With the creation of the CPT codes for First Trimester Screening, Nuchal Translucency Screening (76813 & 76814), the incidence of providers billing for both first trimester ultrasounds and nuchal translucency at the same session has increased significantly. The purpose of this White Paper is to describe appropriate use of the Complete Maternal-Fetal Evaluation (CPT Codes 76801 & 76802) as standalone codes or when it is appropriate to report these codes in conjunction with the CPT Codes 76813 & 76814.

Ultrasound codes 76801 and 76802 are reported when the maternal and fetal ultrasound evaluation is performed during the first trimester (< 14 weeks and 0 days for single gestation and each additional gestation). These codes are generally indication driven.

Required elements of the 76801 ultrasound code include:

- Determination of the number of gestational sacs and fetuses
- Gestational sac and/or fetal measurement appropriate for gestational age (i.e., mean gestational sac diameter, crown-rump length)
- Assessment of the maternal uterus and adnexal region
- Survey and documentation of fetal anatomical structures (eg 12.0 weeks or greater)
- Quality analysis of amniotic fluid volume and gestational sac shape
- Assessment of placental location/ formation
- Written documentation of each component of the examination and permanent documentation of ultrasound images.

Appropriate indications for performing 76801 ultrasound examinations include:

- V28.3 fetal viability, routine anatomical screening
- 640.03 threatened abortion
- 640-650 series maternal and fetal complications
- V code series previous pregnancy complications.

CPT codes 76813 and 76814 (first trimester fetal nuchal translucency measurement for single gestation and each additional gestation) were published in 2007. These codes are to be used between ten and fourteen weeks' gestation for the evaluation of the nuchal translucency as part of the first trimester screening process.

Required elements of the 76813 ultrasound code include:

- Fetal crown-rump measurement
- Observation of fetal cardiac activity

- Observation of the embryo at high magnification until the embryonic neck is in a neutral position and spontaneous embryonic movement allows for differentiation between the outer edge of the nuchal skin and the amnion
- At least three separate measurements of the largest distance between the inner borders of the fetal nuchal translucency
- Comparison of the largest nuchal translucency measurement from an acceptable image to crown-rump length and gestational age specific medians
- Written documentation of each component of the examination and permanent documentation of ultrasound images.

### **Appropriate indications for 76813 /76814**

The only indication for performing the 76813 examination is to measure the fetal nuchal translucency as one component of screening for fetal aneuploidy (i.e., first trimester ultrasound screening, first trimester combined ultrasound and maternal serum screening, combined first and second trimester sequential screening, combined first and second trimester integrated screening).

When this study is performed without a specific indication (eg Advanced Maternal Age, etc.), the appropriate diagnosis code that should be linked to this study would be V28.89 (Other specified antenatal screening).

***In all scenarios, when reporting this study the patient has been counseled and elects to pursue non-invasive screening for fetal aneuploidy.***

The 76813 & 76814 ultrasound codes were established to describe a more detailed evaluation of specific embryonic structures than what is required by either code 76801, 76802, or 76815 (Limited Ultrasound).

However, the 76813 & 76814 codes should not be billed routinely in combination with the 76801 & 76802 codes. Instead, several common clinical scenarios occur that illustrate the appropriate use of the 76801 code in conjunction with the 76813 ultrasound code:

#### **Scenario 1: Patient with previous ultrasound examination to determine gestational age presents for fetal nuchal translucency screening.**

- If the previous ultrasound examination was normal, the required elements of the 76813 code should be performed, and coding should be restricted to 76813 (add 76814 for each additional gestation). The 76801 should **not** be reported in this scenario.
- If the previous ultrasound identified a suspected maternal/fetal complication (i.e., uterine fibroid, adnexal mass, size-dates discrepancy, abnormal fetal heart rate), required elements of the 76801 and 76813 codes should be performed as requested, and in this scenario the coding should include both the 76801 and 76813.

#### **Scenario 2: Patient with *no* previous ultrasound examination. The purpose of the examination is to determine gestational age and the conduct a complete fetal and maternal anatomical evaluation to detect the presence of any anomalies. The patient also presents for fetal nuchal translucency screening during the same session.**

- The required elements of the Complete Maternal-Fetal Evaluation (CPT Code 76801) should be performed and coded accordingly (add 76802 for each additional gestation).

- If the fetal crown-rump measurement corresponds to the gestational age required to perform a Nuchal Translucency Screening, the required elements of the 76813 code should be performed and billed in conjunction with the CPT Code 76801. (add 76802 and 76814 for each additional gestation).
- If the fetal crown-rump length measurement does NOT correspond to gestational dating based on the patient's last menstrual period and a complete maternal-fetal evaluation has **not** been performed, it would be appropriate to report either CPT Code 76815 (Limited Ultrasound) or 76817 (Transvaginal Ultrasound, OB).
- If a fetal demise is detected and confirmed, and the required elements of the 76801 are performed and clearly documented it would be appropriate to report just the CPT Code 76801.

In all scenarios, combined use of the 76813, 76814 and 76801, 76802 codes does not require use of Modifier 59 (Distinct Procedural Services).

In summary the use of ultrasound codes 76801/76802 should be indication driven and should not be routinely done whenever an ultrasound for nuchal translucency (76813/76814) is requested. In cases where there is either a maternal and/or fetal indication then the 76801 code can indeed be billed along with the nuchal translucency screening (76813/76814).

If an Evaluation and Management Service is performed during the same encounter that antepartum/diagnostic testing is performed, **other than** to explain the risks and benefits of the procedure and/or the normal results of the test, it would be appropriate to bill the Evaluation and Management Service in addition to the procedure.