Maximize Coding and Minimizing Liability in Ultrasound Practice

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Outline

- CPT coding
- ICD-10
- Supervision requirements
- Appropriate documentation and coding
  - Obstetric and gynecologic ultrasound
  - 3D/4D sonography

Coding Resources

- Procedures
  - Current Procedural Terminology
  - CPT® 2019
- Diagnosis
  - International Classification of Diseases
  - ICD-10-CM
- Resources
  - ACOG, AMA, AIUM

Procedural Coding

- CPT book sets the rules
- Descriptions are imperfect

ICD-10-CM Diagnosis Coding

- Diagnostic services during an encounter/visit
  - Sequence: diagnosis, condition, problem, or other reason (symptom) for encounter/visit
- Outpatient encounters for diagnostic tests and procedures and the final report is available at the time of coding
  - Code any confirmed or definitive diagnosis documented in the interpretation.
  - Do not code related signs and symptoms as additional diagnosis

www.cdc.gov/nchs
International Classification of Diseases (10th Revision) - ICD-10

- ICD-10 promotes international comparability in the collection, classification, processing and presentation of mortality statistics.
- Developed collaboratively between WHO and 10 international centers
- The code-set grew from its 17,000 codes to more than 141,000, and the format is new with seven alpha-numeric codes instead of five numeric digits.

CPT Coding and RVU's

CPT
- Professional component
- Technical component

RVU
- Relative value unit associated with each service
- 2018 Conversion $35.99

Professional Component (-26)

The physician
- Supervises the test
- Interprets the test
- Prepares the written report

Technical Component (-TC)

Costs associated with
- The sonographer’s salary/benefits
- The equipment
- Any necessary supplies
- Image storage

Fully Implemented Non-Facility Billing
A code reported without a modifier

Combines
- Professional component
- Technical component
- Any necessary supplies
- Image storage
Physician Supervision

General Supervision

- Procedure is furnished under the physician's overall direction and control.
- The physician's presence is not required during the performance of the procedure.
- The training of the non-physician personnel who perform the diagnostic procedure and equipment maintenance are the responsibility of the physician.

Direct Supervision

- The physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.
- The physician's in-room presence is not required during the performance of the procedure.

Personal Supervision

- Physician must be in attendance in the room during the performance of the procedure.

Physician Supervision of US

- PUBS: 76941-TC
- CVS: 76945-TC
- Amnioncetesis: 76946-TC
- Sonohysterography: 76831-TC

Medicare Requirements for Physician Supervision of Sonographers:
www.acog.org/departments

www.cms.gov
Medicare Fee Schedule
Supervision Requirements

- Procedure is not a diagnostic test or procedure is a diagnostic test that is not subject to the physician supervision policy.
- Procedure must be performed under the general supervision of a physician.
- Procedure must be performed under the direct supervision of a physician.
- Procedure must be performed under the personal supervision of a physician.
- Concept does not apply.

Coding – Ob Sonography

1st Trimester

- **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** ; each additional gestation. Add on code to 76801.

Vaginal Sonography

- **76817** Ultrasound pregnant uterus, real time with image documentation, transvaginal
- No contingency for multiple gestations
- If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to the appropriate transabdominal code

2nd/3rd Trimester

- **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** ; each additional gestation. Add on code to 76805

Survey

- Viability (cardiac activity)
- Fetal number
- Fetal presentation
- Amniotic fluid volume
- Placental position
- Fetal biometry
- BPD, HC, AC, FL, EFW
76805  
Standard Content: Basic Scan

Survey
• Viability (cardiac activity)
• Fetal number
• Fetal presentation
• Amniotic fluid volume
• Placental position

Fetal biometry
• BPD, HC, AC, FL, EFW

Anatomic survey
• Head, face and neck, chest, abdomen, spine, extremities, gender

Maternal anatomy
• Cervix, adnexa, uterine anomalies

76805  
Essential Elements of Anatomy

Head, face and neck
• Lateral cerebral ventricles, choroid plexus, midline falx, cisterna magna, upper lip, nuchal fold (16-20 wks)

Chest
• 4-chamber cardiac view, heart size, position
• Outflow tract
• 3 vessel view (When feasible)
• 3 vessel trachea view (When feasible)

Abdomen
• Stomach, kidney, bladder, cord insertion, cord vessels (adrenal glands)
• Liver, spleen, pancreatic, mesenteric, adrenal
• Conus, thoracic, lumbar, sacral

Extremities
• Upper and lower extremities
• Hands and feet: present or absent

External genitalia
• Multiple gestations or when medically indicated

Fetal Imaging
Executive Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, American Institute of Ultrasound in Medicine, American College of Obstetricians and Gynecologists, American College of Radiology, Society for Pediatric Radiology, and Society of Radiologists in Ultrasound Fetal Imaging Workshop

Inability to Visualize Anatomy

Obese women
• Ultrasound at 20-22 weeks
• 2 weeks later than in the nonobese patient

Coding – Ob Sonography
2nd/3rd Trimester

• 76811  Ultrasound pregnant uterus, real time with image documentation, maternal evaluation plus detailed fetal evaluation, transabdominal approach; single or first gestation
• 76812  ; each additional gestation.
  • Add on code to 76811

Detailed Anatomic Examination 76811

Performed when an anomaly is suspected on the basis of history, biochemical abnormalities, or the results of either the limited or standard [basic] scan.

SMFM Statement on 76811

Because this code is assigned more RVUs than the basic obstetrical sonogram (76805), the SMFM believes the code describes an examination involving significantly more work, and requiring greater expertise than that required for 76805.

SMFM Statement on 76811

Additionally, sophisticated equipment, rather than typical office level ultrasound machines, will be required to obtain the necessary imaging detail.

SMFM Statement on 76811

The level of expertise required to perform this examination can generally only be obtained through the extended education beyond residency that is acquired in a fellowship in Maternal-Fetal Medicine or Radiology...Use of this code by general obstetricians should be the exception rather than the rule.

AIUM – 76811 Consensus Statement

• Previous fetus or child with a congenital, genetic, or chromosomal abnormality
• Known or suspected lethal anomaly or known growth disorder in current pregnancy

AIUM – 76811 Consensus Statement

Fetus at increased risk for a congenital anomaly:
• Maternal pregestational diabetes or gestational diabetes before 24 weeks
• High BMI (≥ 35 kg/m²)
• Multiple gestation
• Abnormal maternal serum analytes
• Teratogen exposure
• 1st trimester NT ≥ 3.0 mm

AIUM – 76811 Consensus Statement

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• Maternal pregestational diabetes or gestational diabetes before 24 weeks
• High BMI (≥ 35 kg/m²)
• Multiple gestation
• Abnormal maternal serum analytes
• Teratogen exposure
• 1st trimester NT ≥ 3.0 mm
Other conditions affecting the fetus:
• Congenital infections
• Maternal drug dependence
• Isoimmunization
• Oligohydramnios
• Polyhydramnios

Coding – Ob Sonography
Limited study

• 76815 Ultrasound pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
• Use 76815 only once per exam and not per element

Coding – Ob Sonography
Limited Examination

76815 Limited Examination
A limited examination is performed when a specific question requires investigation. For example, a limited examination could be performed to confirm fetal heart activity in a bleeding patient or to verify fetal presentation in a laboring patient. In most cases, limited sonographic examinations are appropriate only when a prior complete examination is on record.

Coding – Ob Sonography
2nd/3rd Trimester, Follow-up study

• 76816 Ultrasound pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
• Report 76815-59 for each additional fetus examined in a multiple pregnancy.

Coding – Ob Sonography
2nd/3rd Trimester

• What about the patient who presents for a repeat study later in the pregnancy?
• Code by status of indication
  • If new indication, use 76805
  • If not new, use 76816
    • Even if complete biometry and amniotic fluid assessment performed

Coding – Ob Sonography

O35.8XX0
• Suspected fetal abnormality and damage.

O28.9
• Abnormal findings on antenatal screening of mother

E66.01
• Morbid obesity (BMI ≥ 35)
Coding – Ob Sonography
Biophysical Profile

- 76818  Fetal biophysical profile; with non-stress testing
- 76819  Fetal biophysical profile; without non-stress testing

Coding – Ob/Gyn Sonography
Fetal Echocardiography

- 76825  Fetal initial (2D +/- m-mode)
- 76826  F/U or repeat (2D +/- m-mode)
- 76827  Doppler echo - initial
- 76828  Doppler echo - F/U or repeat
  - Add to 76825, 26826
- 93325  Color mapping
  - Add to 76825, 76826, 76827, 76828

Coding – Ob/Gyn Sonography
Fetal Evaluation

- 76820  Umbilical artery Doppler
- 76821  Middle cerebral artery Doppler

Coding – Ob Sonography
Nuchal Translucency

- 76813  Ultrasound pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal; single or first gestation (List separately in addition to code for primary procedure)

Coding – Ob Gyn Sonography
3-D Rendering

- 76316 and 76377  3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality
  - Add on codes to appropriate ultrasound code(s)
3D Studies

- **76376**: 3D rendering by CT, MRI, or US not requiring post-processing on an independent work station
- **76377**: requiring post-processing on an independent work station

Coding in Ob-Gyn Sonography

Modifiers

- **22**: Unusual complexity
- **26**: Professional component
- **52**: Reduced services
- **59**: Distinct procedural service, same day (e.g., referral for suspected fetal anomaly on the same day)
  - Ob uses: 76805
  - Consultant uses: 76811-59

Examples of Potential Fraud

**Initial Study**

- 35 y.o. G2P1001 underwent detailed fetal evaluation at 20 weeks with all anatomy (normal) viewed except outflow tracts.
- Submitted bill:
  - CPT: 76811
  - ICD-10: O09.522 (elderly multigravida, 2nd trimester)

**Correct Coding Option 1**

- 35 G2P1001 returns at 24 weeks with all anatomy again viewed with outflow tracts. Normal growth.
- Submitted bill:
  - CPT: 76816 (Follow-up US)
  - ICD-10: O09.522

**Correct Coding Option 2**

- 35 G2P1001 returns at 24 weeks with all anatomy again viewed with outflow tracts. Concerned about appropriate growth (re: new indication)
- Submitted bill:
  - CPT: 76805 76816
  - ICD-10: Z03.74
  - Suspected abnormality in growth - not found

Examples of Potential Fraud

**Follow-up study**

- 35 G2P1001 returns at 24 weeks with all anatomy again viewed with outflow tracts.
- Submitted bill:
  - CPT: 76811
  - ICD-10: O09.522
Billing Fraud

- 40 y.o. diabetic has fetus with pyelectasis and has repeat ultrasound to check renal status
  - Initial ultrasound
    - Diabetes in 2nd trimester: O24.012
    - Fetal Pyelectasis: O35.8XX1
  - Repeat ultrasound
    - Diabetes in 3rd trimester: O24.013
    - Fetal Pyelectasis: O35.8XX1

Correct Billing

- 40 y.o. diabetic has fetus with pyelectasis and has repeat ultrasound to check renal status
  - Initial ultrasound
    - Diabetes in 2nd trimester: O24.012
    - Fetal Pyelectasis: O35.8XX1
  - Repeat ultrasound
    - Diabetes in 3rd trimester: O24.013
    - Fetal Pyelectasis: O35.8XX1

ICD-10 Codes

- Use all that apply
- Prioritize
- Note: Advanced maternal age may not be accepted as an indication for ultrasound or amnio
  - Can use "suspected or known chromosomal abnormality" (O35.8XX0)
  - May use diagnosis as reflected on final report

Coding - Gyn Ultrasound

- Vaginal sonography
  - Dimensions
  - Morphology
  - Dynamic studies
  - 3-D
- Abdominal sonography
- Sonohysterography

76830 – Echography, transvaginal

- Complete evaluation of the female pelvic anatomy – vaginal study
  - Elements
    - Description and measurements of uterus and adnexal structures (cervix)
    - Measurement of the endometrium
    - Description of the cul-de-sac and fluid
    - Description of the bladder (if applicable)
    - Description of any pelvic pathology

76856 – Gyn Abdominal (add to TVS)

- Complete evaluation of the female pelvic anatomy – abdominal study
  - Elements
    - Description and measurements of uterus and adnexal structures
    - Measurement of the endometrium
    - Measurement of the bladder (when applicable)
    - Description of any pelvic pathology
76857 – Gyn Limited or follow-up

• Ultrasound, pelvic (nonobstetric), real-time with image documentation; limited or follow-up (e.g. for follicles)
  • 76857
    • Used if follow-up of urinary bladder alone, i.e. post-void residual, imaged
  • 51798
    • Used for post-void residual non-imaging: i.e. Bladder scan

93976

• Used if follow-up of urinary bladder alone, i.e. post-void residual, imaged

Coding Gyn Sonography

Doppler Studies

• 93975 Duplex scan of A/V flow: Abdomen and pelvic - Complete
• 93976 Duplex scan of A/V flow: Abdomen and pelvic - Limited

Sonohysterography

• 76831 Hysterosonography; with or without color flow Doppler
  • Includes elements of TVS, therefore is no separate charge for TVS
• 58340 Introduction of contrast agent or saline

This content appears to be a PowerPoint slide discussing various codes and procedures related to gynecology and sonography.
Sonosalpingography

- **76831** Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
  - Includes all elements of 76830 (TVS)
- **58340** Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

Gyn ultrasound – 3D

3D Studies

- **76376** 3D rendering by CT, MRI, or US not requiring post-processing on an independent work station
- **76377** requiring post-processing on an independent work station

76942

- **76942** Ultrasonic guidance for needle placement imaging supervision and interpretation

76998 – Intraoperative Ultrasound

- **76998** Ultrasound guidance, intraoperative
  - **76998** Ultrason guided follicular aspiration
  - **76998** Ultrason guided transfer
  - **76998** Ultrason guided insemination
76998 – Intraoperative Ultrasound

Ultrasound guidance, intraoperative
- Documentation may be incorporated into the operative report. A separate report is not required
- Reimbursement for TC = 0.00

Coding Tips
Uterine Malformations
- Q51 Congenital malformation of uterus and cervix
- Q51.1 Doubling of the uterus with doubling of cervix and vagina
- Q51.10 Doubling of the uterus with doubling of cervix and vagina without obstruction
- Q51.11 Doubling of the uterus with doubling of cervix and vagina with obstruction

Coding Tips
Fibroids
- D25.9 Leiomyoma of uterus
- D25.0 Submucous leiomyoma
- D25.1 Intramural leiomyoma
- D25.2 Subserosal leiomyoma

Rendered Display
Bicornuate Bicollis (Two Cervices)
Coding Tips
Ovarian Cysts

- N83.20 Unspecified ovarian cyst
- N83.201 Ovarian cyst - right
- N83.202 Ovarian cyst - left
- N83.10 Corpus luteum - Unspecified
- N83.11 Corpus luteum - Right
- N83.12 Corpus luteum - Left

Coding Tips
Adnexal Masses

- R19.09 Pelvic mass
- Q50.0 Parovarian cyst
- N70.11 Hydrosalpinx

Compliance Program

1. Conduct internal monitoring and auditing
2. Implement compliance and practice standards
3. Designate a compliance officer or contact
4. Conduct appropriate training and education

5. Respond appropriately to detected offenses and develop corrective action
6. Develop open lines of communication
7. Enforce disciplinary standards through well-publicized guidelines

CPT Coding Rules

- Pre-service work can be reported only if "significant and separately identifiable."
- Discussions of procedure & obtaining informed consent is NOT reported separately
CPT Coding Rules

• Pre-service work can be reported if:
  • Performing another procedure or evaluating another problem
  • Evaluating the patient and decide to perform an ultrasound during the visit

Coding in OB-Gyn Sonography

• Physician interpretation and signed final report are components of all codes
• A signed note in the progress notes or patient chart, including appropriate images, is adequate
• It is preferable to have a formal, final report, retaining all images for the SOL

CPT General Coding Rules

• The diagnosis code should demonstrate the medical necessity for the procedure
• Diagnosis should reflect the ultrasound findings
• Report only the procedures that were performed and documented

CPT Coding Rules

• Do not change the codes reported in order to obtain reimbursement for non-covered services.
• Report the highest valued procedure code first on the claim form.

Examples of Potential Fraud

• An infertility patient with polycystic ovarian syndrome undergoes a baseline transvaginal ultrasound for planned ovulation induction.
  • Submitted bill:
    • CPT: 76830
    • ICD-10: E28.2 (PCO Syndrome)

Examples of Potential Fraud

• She then undergoes daily ultrasounds for monitoring of gonadotropin therapy for planned IVF.
  • Submitted bill:
    • CPT: 76830
    • ICD-10: E28.2 (PCO Syndrome)
Correct Coding

- She then undergoes daily ultrasounds for monitoring of gonadotropin therapy for planned IVF.
- Submitted bill
  - CPT 76857 (Limited)
  - ICD-10 N97.0 (female infertility associated with anovulation)
  - Z31.89 (visit for procreative management)

Recovery Audit Contractor

RAC

Will the RACs affect me?

- Yes, if you bill fee-for-service programs, your claims will be subject to review by the RACs
- If so, when?
- The expansion schedule can be viewed at www.cms.hhs.gov/rac

Possible Sanctions

- Exclusion for Medicaid and Medicare
  - 3 to 5 years
- Suspension
  - Immediate: U.S. Attorneys' Offices
- Injunction
  - Branch of the DOJ
- Civil Penalties
  - Up to $11,000 for each item or service

Billing Fraud

- M-mode billed as echocardiogram
- >1200 ultrasounds billed with echocardiography (76825)
- Generated ~ $44,000 income
- Qui tam action
- Potential fine: $13,200,000
- Settled: $589,000

Possible Sanctions

- Civil Penalties
  - Up to $11,000 for each item or service
- Criminal Penalties
  - Fines up to $250,000
  - Imprisonment x 5 years
- Forfeiture of the clinic/office
Billing Fraud

- Abdominal Ultrasound at the time of Vaginal Ultrasound
- Routinely performing “unnecessary procedures”
- Long Island practice was fined $10M for inappropriately adding TAS to all pelvic ultrasounds

Insurance Fraud

- Order both a vaginal and abdominal study
- Order vaginal ultrasound, with an abdominal ultrasound if clinically indicated (A protocol can be developed for this)
- Contact the ordering physician or their office and obtain an order (very cumbersome)

Billing Fraud

Added statements

- An abdominal ultrasound was required due to the inability to adequately visualize one or both ovaries on the vaginal study
- An abdominal ultrasound was required due to the inability to adequately visualize the uterus on the vaginal study
- An abdominal ultrasound was required due to the inability to adequately evaluate the pregnancy on the vaginal study
- A vaginal ultrasound was performed to evaluate cervical length

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Coding in OB-Gyn Sonography
• Physician interpretation and signed final report are components of all codes
  • A signed note in the progress notes or patient chart is adequate
  • One can take photographs and place with the note (compliance issues)
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Thank You