

Payment Policy: Non-obstetrical Pelvic and Transvaginal Ultrasounds

Reference Number: LA.PP.061

Product Types: ALL

Last Review Date: 08/2020

Coding Implications
Revision Log

[See Important Reminder at the end of this policy for important regulatory and legal information.](#)

Policy Overview

Pelvic (transabdominal) ultrasound and trans-vaginal ultrasound may be performed during the same non-obstetrical patient encounter when medically necessary. When both procedures are reported for the same patient on the same day, Louisiana Healthcare Connections will reimburse the primary procedure (transvaginal ultrasound) at 100% of the fee schedule allowed amount and apply a multiple procedure payment reduction to the second procedure (pelvic ultrasound) of 50%.

Application

Professional and Outpatient Facility Claims.

Policy Description

Louisiana Healthcare Connections supports the Centers for Medicare and Medicaid (CMS) guidelines that multiple procedure payment reductions apply when multiple services are furnished by the same physician or physicians within the same group practice, to the same patient on the same day and during the same session.

It is the policy that when a provider acquires multiple non-obstetrical ultrasound images in a single session, most of the clinical labor activities are neither performed nor furnished twice. Provider reimbursement for a procedure code includes reimbursement for clinical labor costs associated with that service. The following clinical labor activities are some examples of activities that are not duplicated for subsequent procedures:

- Greeting the patient
- Gowning the patient
- Preparing and cleaning the room
- Positioning and escorting the patient
- Providing education and obtaining consent
- Retrieving prior examinations
- Different probes in this case

Furthermore, the majority of supplies are not duplicated for subsequent procedures. Equipment time and indirect costs are allocated based on clinical labor time; therefore, these conditions should be reduced. A multiple procedure payment will adjust provider reimbursement to offset duplication of clinical labor activities that were only rendered once.

Reimbursement

CPT code 76856 represents a non-obstetrical pelvic ultrasound, real time with image documentation; complete. CPT code 76830 represents a non-obstetrical transvaginal ultrasound.

During the course of an office visit, if a provider performs a pelvic ultrasound and determines that the image is unclear and that a transvaginal ultrasound is necessary, only the transvaginal ultrasound will be reimbursed at 100% of the allowed amount. The pelvic ultrasound will be reimbursed at 50% of the allowed amount.

Documentation Requirements

NA

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
76830	Ultrasound, transvaginal
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete

Modifier	Descriptor
NA	NA

ICD-10 Codes	Descriptor
NA	NA

Definitions

Transvaginal Ultrasound: A transvaginal ultrasound is a type of pelvic ultrasound used by doctors to examine female reproductive organs. This includes the uterus, fallopian tubes, ovaries, cervix, and vagina. “Transvaginal” means “through the vagina.” This is an internal examination.

Pelvic Ultrasound: A pelvic ultrasound is a noninvasive diagnostic exam that produces images that are used to assess organs and structures within the female pelvis. A pelvic ultrasound allows

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quick visualization of the female pelvic organs and structures including the uterus, cervix, vagina, fallopian tubes and ovaries. The transducer is pressed firmly against the skin and swept back and forth over the lower abdomen and images are obtained of the uterus, ovaries, and surrounding pelvic structures. This is an external examination.

Non-Obstetrical: Not related to the pregnancy, child birth nor postpartum period.

Related Documents or Resources

NA

References

Revision History	
08/15/2020	Converted corporate to local policy.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to

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recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.

Senior Director of Network Accounts: _____ Electronic Signature on File_

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