Reason

Missing elements for Complete OB Ultrasound

Requirements

Obstetrical Ultrasound (76081 & 76802) < than 14 weeks 0 days

Required elements:

- Number of gestational sacs and fetuses
- Gestational sac/fetal measurements appropriate for gestation
- Survey of visible fetal anatomy
- Placental anatomic structure*
- Qualitative assessment of amniotic fluid volume or gestational sac shape*
- Examination of the maternal uterus and adnexa*

*** Documentation Challenge Areas (<14 weeks 0 days)**

- **Evaluation of the placental structure can be satisfied by any of the following:**
  - A statement that the placenta is not yet developed/visible due to early gestational age
    -OR-
  - A reference to the **presence or lack of**
    - Chorionic/subchorionic hemorrhage or hematoma
    - Peri gestational bleed or fluid
    - Bleed/fluid adjacent to the gestational sac

- **Assessment of amniotic fluid volume can be satisfied by any of the following:**
  - A statement that the amniotic fluid is unable to be assessed due to early gestational age
    -OR-
  - A qualitative assessment of the amniotic fluid
    -OR-
  - A statement describing the gestational sac shape (e.g., normal, abnormal, small, unremarkable)

- **Stated reason for non-visualization of maternal adnexa**
  - The maternal adnexa includes the uterine appendages, including the ovaries, fallopian tubes and the ligaments that hold the uterus in place.
  - Documentation of any of the above would satisfy this element *(e.g., right and/or left ovaries, right and/or left fallopian tubes, etc.)*
  - **If none of the elements can be visualized, a reason why must be specified (e.g., bowel gas, patient body habitus, etc.)**

Obstetrical Ultrasound (76085 & 76810) > than 14 weeks 0 days

Required elements:

- Number of fetuses and amniotic/chorionic sacs
- Measurements appropriate for gestational age (Biparietal Head Diameter (BPD), Femur Length (FL), Head (HC) and Abdominal (AC) Circumferences)
- Survey of intracranial and spinal and abdominal anatomy
- 4-chambered heart
- Umbilical cord insertion site
- Placenta location
- Amniotic fluid assessment
- Examination of the maternal adnexa *(when visible)**

* **Documentation Challenge Areas (>14 weeks 0 days)**

- Examination of the maternal adnexa
    - The guidance for maternal adnexa evaluation > 14 weeks gestation includes the terminology "when visible."
    - A statement that the imaging of the maternal adnexa was attempted and/or not visualized would satisfy this requirement.
        - A specific reason as to why the maternal adnexa was not visualized is not necessary.
        - **This caveat ONLY applies to OB US >14 weeks gestation (CPT 76805 and 76810)**

** There is a detailed education document regarding this topic that can be reviewed for any additional questions. This is located in the Physician Portal Library under the "Ultrasound" section.*

Reason

Elements missing for Complete Pelvic Ultrasound

Information

All diagnostic ultrasound examinations require permanently recorded images with measurements, when such measurements are clinically indicated. For those codes whose sole diagnostic goal is a biometric measure, permanently recorded images are not required. A final, written report should be issued for inclusion in the patient's medical record. **The report should contain a description of these elements or the reason that an element could not be visualized (e.g., obscured by bowel gas, surgically absent etc). Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation and final, written report, is not separately reportable.**

Complete pelvic non-obstetric ultrasound (76856):

Female Pelvis

Elements of this examination include:

- A description and measurements of the uterus and adnexal structures
- Measurement of the endometrium
- Measurement of the bladder (when applicable)
- Description of any pelvic pathology (e.g., ovarian cysts, uterine leiomyomata, free pelvic fluid).

Male Pelvis

Elements of the examination include:

- Evaluation and measurement (when applicable) of the urinary bladder
- Evaluation of the prostate and seminal vesicles to the extent that they are visualized transabdominally
- Any pelvic pathology (e.g., bladder tumor, enlarged prostate, free pelvic fluid, pelvic abscess).

Limited pelvic non-obstetric ultrasound (76857):

- Represents a focused examination limited to the assessment of one or more elements as described in the complete pelvic (nonobstetric) ultrasound code and/or the re-evaluation of one or more pelvic abnormalities previously demonstrated on ultrasound.
    - If the urinary bladder alone is imaged (i.e., not including the kidneys), the limited pelvic (nonobstetric) code is reported rather than the complete retroperitoneal code.

Again, the use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation, and final, written report, is not separately reportable.

**There is a detailed education document regarding this topic that can be reviewed for any additional questions. This is located in the Physician Portal Library under the "Ultrasound & Duplex" section.*

Reason

3D postprocessing not documented for CTA

Background

The American Medical Association (AMA) and the American College of Radiology (ACR) have defined CTA as including 3D rendering. Per *Clinical Examples in Radiology* (Fall 2013), "A study that includes only 2D post processing should be coded as a CT rather than a CTA." If the documentation lacks detail regarding the 3D images, it will be presumed that the images were not performed, and a CT should be reported unless information regarding 3D imaging is added.

Documentation Requirements

Terminology/techniques that meet CTA requirements

3D, 3D post processing, 3D reconstructions
Maximum intensity projection (MIPs)
Volume rendering
Shaded surface
rendering.

Terminology/techniques that DO NOT meet CTA requirements

CTA or the term angiography in the exam title/technique (without additional required documentation of 3D)
When MIPs are specifically documented as 2D
Multiplanar reconstructions (MPRs).

**There is a detailed education document regarding this topic that can be reviewed for any additional questions. This is located in the Physician Portal Library under the "CT/MR" section.*