

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Learn How To Bill For Pelvic And Transvaginal Ultrasounds On Same Day

Carriers seek documentation that supports both exams on same date

Your carrier may not be up to date on the latest coding rules if it's denying transvaginal ultrasounds on the same date as pelvic ultrasounds.

The Correct Coding Initiative deleted an edit that bundled [CPT 76830](#) (Ultrasound, transvaginal) into 76856 (Ultrasound, pelvic [nonobstetric], B-scan and/or real time with image documentation; complete). But many coders still report receiving denials for 76830 when they try to bill it on the same date as 76856.

You shouldn't even need to use the 59 modifier to bill 76830 separately from 76856, says **Collette Shrader** with **Wenatchee Valley Medical Center** in Wenatchee, WA. Nor should you need a different diagnosis for each code. CCI probably deleted the edit bundling those two codes because of outcry from the specialty societies, she adds. Her facility has been able to bill both codes on the same date without a modifier.

Non-Medicare payors such as **Humana** and **Aetna** have been refusing to pay for both codes on the same date, notes **Laurie Krachenfels**, coding manager with **Physician's Service Center** in Lombard, IL. Those payors have denied appeals for those claims, she adds.

Important: "Your documentation should fully support both exams," says Shrader. It should show the medical necessity for both scans as well as a physician's order, she notes.

The documentation should explain that two studies were performed and include the results of both the pelvic and transvaginal scans, adds Shrader. That doesn't mean you need two separate reports, but both sets of findings should be documented separately.

There are often good reasons to perform both scans on the same date, Shrader says. Sometimes a pelvic ultrasound won't capture the cervix or other region, and the physician may be able to see some things more clearly on a transvaginal than a pelvic scan, or vice versa.

The **American Medical Association** stated that these two approaches describe distinct studies, and both are often necessary to make accurate diagnoses.