OB Hospitalists: Quick Ultrasound Clinical Documentation

In the quest for better clinical documentation the three most billed ultrasound codes for OB hospitalists are:
- 76815 quick peek pregnant patient
- 76816 follow up exam pregnant patient
- 76817 transvaginal exam pregnant patient

As you know, All obstetric ultrasound studies require permanently recorded images. These images may be stored on film, digital format (such as flash or stick drives) or in a Picture Archiving and Communication System (PACS). Obstetric ultrasound services may not be billed without image recording. If the image data is not saved, then do not submit billing for those services.

When performing ultrasound for a possible pregnancy, uncertain Dates or to positively ascertain dating in a pregnant patient there must be a positive pregnancy test documented within the record.

If you are billing codes 76815, 76816, or 76817 for a transvaginal ultrasound o Maternal risk factors and or medical necessity should be well documented In addition to establishing the EDC which can be critical information when managing the patient in an emergent situation.

Initial or repeat imaging can be performed for specific indications such as vaginal bleeding, pain, *known or suspected* intrauterine growth restriction (IUGR), *known or suspected* oligohydramnios or polyhydramnios, etc. Utlization and documentation of ultrasound evaluation is appropriate to confirm suspected twins or multiple pregnancy, or to evaluate fetal well being in multiples when additional pregnancy complications arise

Below defines what needs to be documented when billing these specific CPT codes for pregnancy ultrasound. As you will notice the code 76815 can only be reported once as the codes states it is for "1 or more fetuses". However, with code 76816 that code is to be reported "per fetus" so if you are reporting and caring for a pregnant patient with multiples – be sure to interpret and denote each fetus separately. (otherwise, you lose out on that reimbursement, and do not give a clear clinical picture of the case)

Code 76815 and code 76816 are considered "bundled" with each other. Code 76817 transvaginal ultrasound code is not bundled with 76815 or 76816 so be sure to document for and bill for both scans when performed at the same encounter.

76815 - Quick Peek
- Definition: Ultrasound, pregnant uterus, real time with image documentation, limited
  - fetal heart beat,
  - placental location,
  - fetal position and/or qualitative amniotic fluid volume,
  - 1 or more fetuses

- Diagnosis: "Suspected" or "Confirmed" anomaly, Sign, Symptom, or problem…

76816 Ultrasound
- Definition: pregnant uterus, real time with image documentation
  - follow-up / eg, re-evaluation of fetal size
  - 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

- Diagnosis: "Suspected" or "Confirmed" anomaly, Sign, Symptom, or problem…

76817 Ultrasound,
- Definition: pregnant uterus, real time with image documentation, transvaginal
  - Evaluation of embryo(s) and gestational sac(s)
  - Evaluation of maternal uterus, adnexa and/or cervix

- Diagnosis: "Suspected" or "Confirmed" anomaly, Sign, Symptom, or problem…

Medical necessity will always be the driver for utilization of ultrasound for the OB Hospitalist when performing scans on the labor unit. These scans can be performed in a traditional ultrasound room, or at the bedside, as long as there is a permanently recorded image, and the interpretation documented by the physician. The interpretation can be included within the body of the workup for the patient, or as a separately identifiable documentation.

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