

■ BY MELANIE WITT, RN, CPC, MA

## Doppler study due to ovarian cyst

**Q** One of our doctors performed a pelvic Doppler study of the ovarian vessel on a gynecologic patient with abdominal pain and an ovarian cyst. Which CPT code should we report, since there is no exact match?

**A** I would use code 93976 (duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study). CPT defines the duplex scan as an ultrasound that shows the pattern and direction of blood flow in arteries and veins using real-time images. This code includes color-flow Doppler mapping, if performed.

If the clinician also performed a transvaginal ultrasound to view the ovarian cyst, you may bill code 76830 (ultrasound, transvaginal) as well—just be sure there is medical justification for the second approach and the findings for that approach are documented separately.

## Bill twice for twins discovered on ultrasound?

**Q** If we discover twins during a transvaginal ultrasound, are we allowed to bill this code twice?

**A** By adding new codes and revising some old ones, CPT has created a very specific set of instructions about billing for multiple gestations.

In the case of ultrasounds for fetal and maternal evaluation, CPT offers “add-on” codes to be used for each additional fetus (for example, 76802, each additional gestation [list separately in addition to the code for the primary procedure]). For limited ultrasound, we are told to essentially ignore the presence of twins for billing purposes. For follow-up

ultrasound, we are instructed to bill for each gestation using modifier -59 (distinct procedure) for each additional fetus examined and documented.

Unfortunately, there are no instructions regarding the transvaginal code. Whether this was an oversight remains to be seen. I recommend erring on the conservative side and billing the transvaginal code only once if the physician is simply noting the number of gestational sacs during the scan.

Remember that although a transvaginal scan is frequently performed to check on specific factors (like fetal viability), it also may be done in conjunction with the abdominal approach to help the physician completely visualize all structures of concern. For a multiple gestation, any detailed documentation of fetal anatomy will usually come from the abdominal, not the transvaginal, scan.

## Timing of obstetric transvaginal ultrasound

**Q** Can the code for obstetric transvaginal ultrasound be used any time during the patient’s pregnancy?

**A** Yes. The code 76817 (ultrasound, pregnant uterus, real time with image documentation, transvaginal) does not specify a gestational period, unlike the new and revised codes 76801–76810 (for fetal and maternal evaluation either prior to or later than 14 weeks, 0 days of gestation). Thus, 76817 can be used at any time. ■

■ Ms. Witt, former program manager in the Department of Coding and Nomenclature at the American College of Obstetricians and Gynecologists, is an independent coding and documentation consultant. Reimbursement Adviser reflects the most commonly accepted interpretations of CPT-4 and ICD-9-CM coding. When in doubt on a coding or billing matter, check with your individual payer.