

Title: Payment Policy: Transabdominal, Transvaginal Ultrasounds	Division: Medical Management
Effective Date: 07/01/2024	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, QHP, Essential, HARP, Medicare
Review Date: 01/01/2024	Page 1 of 2

1. POLICY DESCRIPTION:

MetroPlusHealth supports Centers for Medicare and Medicaid Services, (CMS) guidelines that diagnostic imaging furnished on the same day, by the same physician/same physician group and/or other healthcare provider for the same patient encounter are applied multiple procedure payment reductions when appropriate.

When a non-obstetrical transabdominal/pelvic ultrasound is completed with a transvaginal ultrasound during a single patient encounter by the same physician/same physician group and/or other healthcare provider, most clinical labor activities and supplies are not furnished multiple times.

Common Procedure codes (CPT codes) include reimbursement for clinical labor and equipment costs for each billed service therefore full payment of secondary diagnostic imaging procedures would contain duplicative payments. To remove duplicate payment of components already paid by the primary procedure, MetroPlusHealth will apply a multiple procedure payment reduction to the secondary procedure to account for clinical labor/ equipment costs that were only furnished once.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claims Department, Providers Contracting.

3. DEFINITIONS:

Same physician/same physician group and/or other healthcare provider: All physicians and other health care professionals billing under the same Federal Tax Identification number.

Same patient encounter: Services furnished on the same day by the same physician/same physician group and/or other healthcare provider to a unique patient.

4. POLICY:

When medically necessary, a non-obstetrical transabdominal/pelvic ultrasound may be performed during the same patient encounter as a transvaginal ultrasound.

When both procedures are billed for the same patient, on the same day, the primary procedure (transvaginal ultrasound) will be reimbursed at 100% of the fee schedule and a multiple procedure payment reduction will be applied to the secondary procedure.

50% of fee schedule for the secondary procedure (transabdominal ultrasound)

Title: Payment Policy: Transabdominal, Transvaginal Ultrasounds	Division: Medical Management
Effective Date: 07/01/2024	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, QHP, Essential, HARP, Medicare
Review Date: 01/01/2024	Page 2 of 2

This policy is related to correct coding and not medical necessity.

5. LIMITATIONS/ EXCLUSIONS:

Place of Service

The policy will be effective for professional claims submitted in the office setting. In this setting, even if a modifier is applied, the multiple procedure payment reduction will still be in effect.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE
76830	ULTRASOUND, TRANSVAGINAL

7. REFERENCES:

- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

REVISION LOG:

REVISIONS	DATE
Creation date	01/01/2024

Approved:

Date:

John Lim

Digitally signed by John Lim
Date: 2024.03.13 16:07:46
-04'00'

Approved:

Date:

John Lim, PharmD
Senior Director, Business Intelligence

Sanjiv Shah, MD
Chief Medical Officer