

BILLING INFORMATION SHEET

Obstetric Ultrasounds

Obstetric ultrasounds are billable on a trimester basis.

- First trimester is designated as: 0 to 13 weeks
- Second trimester is designated as: 14 to 26 weeks
- Third trimester is designated as: 27+ weeks

BY REFERRAL:

Ultrasounds are payable by referral only and require that the 4-digit numeric referring doctor is provided in the referring doctor field in your billing software.

If a referring doctor is not provided in this field, the claim will be automatically return unpaid with explanatory code "BJ".

COMPLETE ULTRASOUNDS:

First trimester:

Code	Description	Policy
401W	Complete	The following services are not payable in the first trimester of pregnancy: • 50W (Doppler flow study) • 20W (echocardiography M-mode) • Limited obstetrical ultrasounds Doppler flow studies (50W) are not clinically indicated in the 1st trimester due to the limited anatomy and/or vascular structures. Echocardiography (20W) is not clinically indicated in the first trimester and are not payable for obtaining the fetal heart via M-mode as part of routine dating and viability scans. Part of a 1st trimester ultrasound is to <u>diagnose</u> and <u>determine</u> how many fetuses are present in the gestational sac, therefore, there is no separate singleton, twin or triplet codes.
	<u>Complete - 1st trimester (0-13 weeks)</u> First trimester complete ultrasound must include image documentation of: • Fetal heart rate (m-mode where at all possible); • Biometry with estimated gestational age; • Sagittal and transverse embryo/fetus images (if visible yet); • Yolk sac (if seen); and • Sagittal and transverse gestational sac images plus other planes as required to document the sac fully, especially in regard to peri-gestational collections or other abnormalities (e.g. fibroids), cul-de-sac especially for fluid and maternal ovaries/adnexal areas. • Including an interpretation and comprehensive report.	

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Second Trimester:

- Second trimester complete ultrasounds are designated by **singleton, twins, triplets or greater**:

Code	Description	Policy
402W	Complete – singleton	50W (Doppler flow study) payable when medically required and clinically indicated. 20W (echocardiography M-mode) payable when medically required and clinically indicated
412W	Complete – twins – not to be billed before 16 weeks	
422W	Complete – triplets or greater - not to be billed before 16 weeks	
	<u>Complete – 2nd trimester (14-26 weeks)</u> Second trimester complete ultrasound must include image documentation of: - Presentation, lie, placentation, fluid, fetal heart rate, cervix, fetal anatomy (see SOGC/CAR standards for specifics), biometry, EFW, +/- maternal findings. - Including an interpretation and comprehensive report.	

Third Trimester:

- Third trimester complete ultrasounds are designated by **singleton, twins, triplets or greater**:

Code	Description	Policy
403W	Complete – singleton	50W (Doppler flow study) payable when medically required and clinically indicated. 20W (echocardiography M-mode) payable when medically required and clinically indicated.
413W	Complete – twins	
423W	Complete – triplets or greater	
	<u>Complete – 3rd trimester 27+ weeks)</u> Third trimester complete ultrasounds are performed when medically required, as per the second trimester criteria; otherwise see “Limited”.	

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LIMITED ULTRASOUNDS:

First trimester:

Limited ultrasounds are not clinically indicated in the 1st trimester of pregnancy.

Second & third trimester:

Code	New Description
	<u>Second and third trimester limited ultrasounds are:</u> • For problem solving, such as rechecking a low placenta, high/low AFV, LGA/SGA, rechecking anatomy previously obscured or questionably abnormal. • To answer a specific question such as in the following situations: to assess fetal life, assess fetal well-being, fetal presentation, estimate amniotic fluid, follow up fetal growth, evaluate the cervix or to assess a specific area or areas that could not be adequately imaged on prior examination due to fetal or maternal causes. In most cases, a limited examination is appropriate only when a prior complete examination has been done. • Typically, such scans should include all 'full' 2nd trimester scan findings except not repeating a full anatomy scan. • Including an interpretation and comprehensive report
432W	Limited – second trimester - singleton, twins or triplets or greater
433W	Limited – third trimester - singleton, twins or triplets or greater

POINT OF CARE ULTRASOUNDS:

- **Point of care ultrasounds are not billable under any obstetric ultrasound code.**
- **This service is part of the visit code.**

Point of Care Ultrasound (POCUS) is:

- An ultrasound examination provided and performed at the 'point-of-care' as an adjunct to the physical examination to identify or clarify the presence or absence (uncertainty) of a limited number of specific findings.
- An ultrasound examination to provide image guidance for the provision of carrying out a primary procedure.

Point of Care Ultrasound (POCUS):

1. Is not intended as a "diagnostic" ultrasound.
2. Is considered a different examination than a comprehensive or limited sonographic evaluation.
3. Is considered an inclusion in a visit service or primary procedure and it is not billable as a separate ultrasound service code.
4. Should be recorded in the patient record, along with the physical examination as part of a patient assessment.

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UNINSURED OBSTETRICAL ULTRASOUNDS:

Physicians must ensure that all diagnostic imaging examinations are ordered and conducted for appropriate clinical indications. Uninsured examples include, but are not limited to:

- Maternal reassurance;
- Obtaining views of the fetus for the purposes of a picture or video;
- Determining gender of the fetus; or
- Any circumstances not clinically indicated, medically required, or relevant to the diagnosis or treatment of the patient, or both.