

PELVIC AND TRANSVAGINAL ULTRASOUND

Date of origin: Nov. 12, 2024

Review dates: None yet recorded

APPLIES TO

All plans

DEFINITION

- **76856:** Ultrasound exam pelvic, complete
- **76857:** Ultrasound exam pelvic, limited
- **76830:** Ultrasound, transvaginal

POLICY SPECIFIC INFORMATION

When pelvic and transvaginal ultrasounds are performed concurrently, the pelvic ultrasound service would be considered inclusive to transvaginal ultrasound. Pelvic ultrasound is considered to be clinically integral to the transvaginal examination and doesn't warrant separate reimbursement. A transvaginal ultrasound (TV-US) provides superior detail in images of pelvic structures.

Coding specifics

76856 is a complete evaluation and must minimally include:

1. Female: description and measurements of the uterus and adnexal structures, measurement of the endometrium and bladder, and a description of any pelvic pathology.
2. Male: evaluation and measurement of the bladder, evaluation of the prostate and seminal vesicles and any pelvic pathology.

76857 is a limited study and typically focuses on one or more elements listed under 76856 and/or the reevaluation of one or more pelvic abnormalities.

76830 assess the reproductive organs, that is, the uterus, fallopian tubes, ovaries, cervix and vagina in a female patient.

Documentation requirements**76856 & 76857**

- The medical record must contain clear documentation of medical necessity for performing pelvic ultrasonography (e.g., history, physical findings and/or laboratory/imaging studies).
- A permanent record of the sonographic examination and its interpretation must be in the patient's record and made available to Medicare upon request.

76830

- Reason for performing the transvaginal ultrasound
- Date and time of the procedure
- Specific reproductive organs assessed during the procedure
- Findings or abnormalities observed during the ultrasound
- Signature of the healthcare provider performing the procedure

Modifiers

- **26:** Professional component

- **TC:** Technical component
- **76:** Repeat procedure or service, on the same day, by the same physician or other qualified healthcare professional
- **77:** Repeat procedure by another physician or other qualified healthcare professional in a separate encounter on the same day.

We'll allow unbundling of the procedures if the procedures are done at separate times on the same date of service (e.g., morning and evening, different providers) with a valid reason. If done on the same day, documentation will be required to prove why a second, separate exam was done. Medical records will need to be submitted with an appeal.

CHANGE / REVIEW HISTORY

Date	Revisions made