

OB ULTRASOUND CODING CHECKLIST

76801 <14 weeks 0 days gestation (singleton or first fetus examined)	Done	Not Visible
Determination of # of gestational sac(s) and fetus(es)		
Gestational sac &/or fetal measurements (appropriate for gestation)		
Survey of visible fetal and placental anatomic structure		
Qualitative assessment of amniotic fluid volume &/or gestational sac shape		
Examination of the maternal uterus and adnexa		
76802 <14 weeks 0 days gestation (each addt'l fetus) (this is an add on code to be used w/76801)	Done B/C/D	Not Visible B/C/D
Gestational sac &/or fetal measurements (appropriate for gestation)		
Survey of visible fetal and placental anatomic structure		
Qualitative assessment of amniotic fluid volume &/or gestational sac shape		
76805 > or = 14 weeks 0 days gestation (singleton or first fetus examined)	Done	Not Visible
Determination of # fetus(es) and amniotic chorionic sac(s)		
Measurements appropriate for gestational age		
Survey of intracranial anatomy (fetal)		
Survey of spinal anatomy (fetal)		
Survey of abdominal anatomy (fetal)		
Survey of 4 chambered heart (fetal)		
Survey of umbilical cord insertion site		
Survey of placental location		
Amniotic fluid assessment (AFI)		
Examination of maternal adnexa		
76810 > or = 14 weeks 0 days gestation (each addt'l fetus) (this is an add on code to be used w/76805)	Done B/C/D	Not Visible B/C/D
Measurements appropriate for gestational age (for each addt'l fetus)		
Survey of intracranial anatomy (fetal) (for each addt'l fetus)		
Survey of spinal anatomy (fetal) (for each addt'l fetus)		
Survey of abdominal anatomy (fetal) (for each addt'l fetus)		
Survey of 4 chambered heart (fetal) (for each addt'l fetus)		
Survey of umbilical cord insertion site (for each addt'l fetus)		
Survey of placental location (for each addt'l fetus)		
Amniotic fluid assessment (AFI) (for each addt'l fetus)		
76815 (quick look) Not gestational sac specific - ONLY charge once per session	Done	
Fetal heart beat &/or		
Placental location &/or		
Fetal position &/or		
Qualitative amniotic fluid volume		
76816 (repeat or follow-up) code for each fetus examined	Done	
Reassessment of fetal size and interval growth &/or amniotic fluid volume (AFI ck)		
Reevaluation of one or more anatomic abnormalities previously seen on US		
76817 Transvaginal OB US		
<i>If performed w/a Transabdominal/pelvic OB US: reports MUST be separate from each other</i>	Done	
Transabdominal report &		
Transvaginal report		

