



## Ob-Gyn Coding Alert

### Reader Question: Patient May Be Responsible for Ductus Venous Doppler Payment

**Question:** We have recently taken on a Maternal Fetal Medicine Physician, and he wants to code for the uterine artery Doppler and ductus venous Doppler. When I researched online, I found an older Supercoder page that advised that I should bill the uterine artery as a 76828, but I found an Aetna policy that states to use 93976. Everything that I read about the ductus venous Doppler makes it sound like it is not billable. Is there any information you can provide on these procedures?

Texas Subscriber

**Answer:** According to a physician who belongs to SMFM and used to be on the AMA's CPT® Editorial Panel, you should use the unlisted code 76999 (Unlisted ultrasound procedure [e.g., diagnostic, interventional]) for this. However, if it is done at the same time as an NT scan (a ductus venosus ultrasound should only be performed between 11-13 weeks gestation), you could perhaps add a modifier 22 (Increased procedural service) to the NT scan code.

This physician also added that SMFM had looked at developing a code for this in the past, but did not pursue it because the clinical utility of this Doppler study is controversial. For instance, Aetna policy states:

"Aetna considers Doppler studies of ductus venosus and vessels other than the middle cerebral artery and umbilical artery for fetal surveillance of impaired fetal growth experimental and investigational because their effectiveness for these indications has not been established."

Make sure your patients understand that they may be faced with an out-of-pocket expense.

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