

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-079
Subject: Transabdominal and Transvaginal Ultrasounds
Effective Date: May 1, 2025
Issue Date: May 1, 2025
Date Reviewed:
Source: Reimbursement Policy

End Date:
Revised Date:

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) guidelines state that multiple procedure payment reductions may be applicable when multiple services are provided during a patient encounter by the same physician or same group physician/other health care professional. This policy addresses the circumstances surrounding the appropriate reporting of non-obstetrical and obstetrical transabdominal and transvaginal ultrasounds for reimbursement.

REIMBURSEMENT GUIDELINES:

When medically necessary, providers may conduct a non-obstetrical or obstetrical transvaginal ultrasound and a transabdominal ultrasound for the same member on the same date of service. The transvaginal ultrasound (primary procedure) will be reimbursed at 100% of the allowable fee schedule. Reimbursement of the secondary service will receive a 50% reduction of the allowable fee schedule. The adjustment in reimbursement for the secondary service is due to clinical labor activities that are neither performed nor furnished twice.

The following clinical labor activities are some examples of activities that are not duplicated for subsequent procedures:

- Greeting the patient
- Preparing and cleaning the room
- Providing education and obtaining consent
- Gowning the patient
- Positioning and escorting the patient
- Retrieving prior examinations

Applicable Transvaginal CPT Codes: 76830 76817

Applicable Transabdominal CPT Codes: 76856 76801

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current Procedure Terminology Manual (CPT®)

Note: Current Procedure Terminology Manual (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

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

POLICY UPDATE HISTORY INFORMATION:

5 / 2025	Implementation
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