

Documentation Tip: OB Ultrasound <14 Weeks

Obstetrical Ultrasound <14 Weeks

Documentation requirements for obstetrical (OB) ultrasound <14 weeks are frequently misunderstood. The ultrasound section of CPT outlines specific criteria that providers must address in the final report to distinguish a complete study (76801) from a limited one (76815).

76801 (*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation*)

In the introductory language for the obstetrical ultrasound codes, CPT guidelines indicate that 76801 includes:

- ▶ Determination of the number of gestational sacs and fetuses
- ▶ Gestational sac/fetal measurements appropriate for gestation
- ▶ Survey of visible fetal and placental anatomic structure
- ▶ Qualitative assessment of amniotic fluid volume/gestational sac shape
- ▶ Examination of the maternal uterus and adnexa

Radiologists should detail the **findings for each element** or **explain why they could not evaluate a specific structure**. If the required information is missing, the study will default to a limited OB ultrasound code.

Many providers find this guideline frustrating because it is often too early in the pregnancy to assess structures such as the placenta or amniotic fluid. However, the American College of Radiology (ACR) and American Medical Association (AMA) coding guidance is clear — the report must document the reason for non-visualization to meet the requirements for reporting 76801.

Sample Documentation:

"The placenta and amniotic fluid cannot be adequately visualized due to early gestational age."

"Placental evaluation is limited by early gestation."

Bottom Line: Clear, comprehensive documentation supports accurate coding of complete versus limited OB ultrasound examinations.