

# ABBI<sup>®</sup> 2024 Coding and Reimbursement Guide

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## Fertility Assessment with Sono HSG/SIS

Payments for physician services are established by CPT codes according to a fee schedule. Under the Medicare Physician Fee Schedule, CPT codes are assigned Relative Value Units (RVUs) which represent the relative amount of physician work, resources and expertise needed to provide services to patients. Payments differ depending upon where the service is provided (facility or non-facility) to accommodate the expenses associated with procedural equipment, personnel, supplies, etc.

ICD-10 Codes**		Other Procedures, Code Descriptors	
N73.6	Female pelvic peritoneal adhesions (postinfective)	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
N97.1	Female infertility of tubal origin		
N97.2	Female infertility of uterine origin		
N97.8	Female infertility of other origin		
N97.9	Female infertility, unspecified	76830*	Transvaginal Ultrasound, non-obstetric
Z31.41	Encounter for fertility testing	76856*	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete
CPT Codes that Describe the Sono HSG/SIS Procedure with ABBI		CPT Code Modifiers	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	59*	Distinct Procedural Service: Indicates a procedure or service that is distinct or independent from other services performed on that same day.
76831*	Saline infusion sonohysterography (SIS), including color flow Doppler when performed		

\*\*For a complete list of ICD-10-CM diagnosis codes, please consult the 2024 ICD-10-CM codebook. CooperSurgical is not suggesting that the above CPT codes will be covered if you use these ICD codes.

\*Code 76831 includes all ultrasound imaging performed during the hysterosonography procedure. It is not appropriate to separately report transvaginal or pelvic ultrasound (76830, 76856) performed as an inherent part of the hysterosonogram. If a diagnostic ultrasound is performed as a separate procedure prior to hysterosonography, report the applicable code with modifier 59 appended.

## For More Information

Contact the Reimbursement Center at 877.213.0459 or [reimbursementsupport@coopersurgical.com](mailto:reimbursementsupport@coopersurgical.com)

### Sources:

- 2024 AMA CPT Professional Edition
- Medicare - National Correct Coding Policy Manual, Physician Effective January 1, 2024
- 2024 ICD-10-CM The Complete Official Code Set, Optum 360



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