



Current Procedural Terminology (CPT®) copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Reimbursement and coding information provided herein is gathered from third-party sources and is subject to change. This information is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and is not intended as a guarantee of coverage or payment at any particular payment rate. CooperSurgical makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. The decision about which code(s) to report must be made by the billing provider/physician considering the clinical facts, circumstances, and applicable coding rules. The code(s) selected should be supported by the contents of any clinical notes and/or chart documentation. Please contact your third-party payer for more specific guidance.

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.

IDC-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 2025 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

Sources:

- 2025 AMA CPT Professional Edition
- Medicare - National Correct Coding Policy Manual, Physician Effective January 1, 2025
- 2025 ICD-10-CM The Complete Official Code Set, Optum 360

