

ABBI® 2022 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.

| 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 | | |
| Z31.41 | Encounter for fertility testing | 76830* | Transvaginal Ultrasound, non-obstetric |
| CPT Codes that Describe the Sono HSG/SIS Procedure with ABBI | | 76856* | Ultrasound, pelvic (non-obstetric), real time with image documentation; complete |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | CPT Code Modifiers | |
| 76831* | Saline infusion sonohysterography (SIS), including color flow Doppler when performed | - 59 | Distinct Procedural Service: Indicates a procedure or service that is distinct or independent from other services performed on that same day. |

*For a complete list of ICD-10-CM diagnosis codes, please consult the 2022 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 888.925.8166 or reimbursement@coopersurg.com

Sources:

- 2022 AMA CPT Professional Edition
- Medicare - National Correct Coding Policy Manual, Physician Effective January 1, 2022
- 2022 ICD-10-CM The Complete Official Code Set, Optum 360



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