

# Ultrasound Diagnostic Procedures (NCD 220.5)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> <li><a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a></li> </ul>
Related Medicare Advantage Reimbursement Policies
<ul style="list-style-type: none"> <li><a href="#">Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional</a></li> <li><a href="#">Multiple Procedure Payment Reduction (MPPR) on Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional</a></li> </ul>
Related Medicare Advantage Coverage Summary
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## Policy Summary

[↪ See Purpose](#)

### Overview

Ultrasound diagnostic procedures using low-energy sound waves are widely used to determine the composition and contours of almost all body tissues apart from bone and air filled spaces. This technique permits noninvasive visualization of even the deepest structures in the body. The use of the ultrasound technique is sufficiently developed that it can be considered essential to good patient care in diagnosing a wide variety of conditions.

Ultrasound diagnostic procedures are listed below and are separated into two categories. Medicare coverage is extended to the procedures listed in Category I. Periodic claims review by the A/Medicare Administrative Contractor (A/MAC) medical consultants should be conducted to ensure that the techniques are medically appropriate and the general indications specified in these categories are met. Techniques in Category II are considered experimental and should not be covered at this time.

### Guidelines

#### Nationally Covered Indications

Category I - (Clinically effective, usually part of initial patient evaluation, may be an adjunct to radiologic and nuclear medicine diagnostic technique)

- Echoencephalography, (Diencephalic Midline) (A-Mode)
- Echoencephalography, Complete (Diencephalic Midline and Ventricular Size)
- Ocular and Orbital Echography (A-Mode)
- Ocular and Orbital Sonography (B-Mode)
- Covered procedures include efforts to determine the suitability of aphakic patients for implantation of an artificial lens (pseudophakoi) following cataract surgery
- Echocardiography, Pericardial Effusion (M-Mode)
- Pericardiocentesis, by Ultrasonic Guidance
- Echocardiography, Cardiac Valve(s) (M-Mode)
- Echocardiography, Complete (M-Mode)

- Echocardiography, limited (e.g., follow-up or limited study) (M-Mode)
- Pleural Effusion Echography
- Thoracentesis, by Ultrasonic Guidance
- Abdominal Sonography, complete survey study (B-Scan)
- Abdominal Sonography, limited (e.g., follow-up or limited study) (B-Scan)
- Abdominal Sonography is not synonymous with ultrasound examination of individual organs
- Renal Cyst Aspiration, by Ultrasonic Guidance
- Renal Biopsy, by Ultrasonic Guidance
- Pancreas Sonography (B-Scan)
- Pancreatic Sonography has proven effective in diagnosing pseudocysts
- Spleen Sonography (B-Scan)
- Abdominal Aorta Echography (A-Mode)
- Abdominal Aorta Sonography (B-Scan)
- Retroperitoneal Sonography (B-Scan)
- Retroperitoneal Sonography does not include planning of fields for radiation therapy
- Urinary Bladder Sonography (B-Scan)
- Urinary bladder Sonography does not include staging of bladder tumors
- Pregnancy Diagnosis Sonography (B-Scan)
- Fetal Age Determination (Biparietal Diameter) Sonography (B-Scan)
- Fetal Growth Rate Sonography (B-Scan)
- Placenta Localization Sonography (B-Scan)
- Pregnancy Sonography, Complete (B-Scan)
- Molar Pregnancy Diagnosis Sonography (B-Scan)
- Ectopic Pregnancy Diagnosis Sonography (B-Scan)
- Passive Testing (Antepartum Monitoring of Fetal Heart Rate In the Resting Fetus)
- Intrauterine Contraceptive Device Sonography (B-Scan)
- Pelvic Mass Diagnosis Sonography (B-Scan)
- Amniocentesis, by Ultrasonic Guidance
- Arterial Flow Study, Peripheral (Doppler)
- Venous Flow Study, Peripheral (Doppler)
- Arterial Aneurysm, Peripheral (B-Scan)
- Radiation Therapy Planning Sonography (B-Scan)
- Thyroid Echography (A-Mode)
- Thyroid Sonography (B-Scan)
- Breast Echography (A-Mode)
- Breast Sonography (B-Scan)
- Hepatic Sonography (B-Scan)
- Gallbladder Sonography
- Renal Sonography
- Two-Dimensional Echocardiography (B-Mode)
- Monitoring of cardiac output (Esophageal Doppler) for ventilated patients in the ICU and operative patients with a need for intra-operative fluid optimization

### ***Nationally Non-Covered Indications***

- Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

### ***Category II - (Unproven clinical reliability and effectiveness):***

- B-Scan for atherosclerotic narrowing of peripheral arteries

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

There are various reasonable and necessary conditions for ultrasound diagnostic procedures which are too numerous to list, but can be found in Local Coverage Determinations (LCDs) and Articles. An appropriate CPT code(s) and diagnosis code(s) must be submitted with each claim and failure to do so may result in denial or delay in claim processing. The highest level of specificity should be used to report the patient's condition. The most current CPT® and ICD coding should be used to ensure proper payment.

CPT Code	Description
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
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter. (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only. (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	Ophthalmic biometry by ultrasound echography, A-scan. (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation. (See the Medicare Advantage Policy Guideline for <a href="#">Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)</a> )
76529	Ophthalmic ultrasonic foreign body localization
76536	Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), real time with image documentation
76604	Ultrasound, chest (includes mediastinum), real time with image documentation
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

CPT Code	Description
76700	Ultrasound, abdominal, real time with image documentation; complete
76705	Ultrasound, abdominal, real time with image documentation; limited (e.g., single organ, quadrant, follow-up)
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	Ultrasound, spinal canal and contents
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
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (list separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study

CPT Code	Description
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (e.g., for follicles)
76870	Ultrasound, scrotum and contents
76872	Ultrasound, transrectal
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76881	Ultrasound, complete joint (e.g., joint space and peri-articular soft tissue structures) real-time with image documentation
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (e.g., joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation or other qualified health care professional manipulation)
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation or other qualified health care professional manipulation)
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure)
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76965	Ultrasonic guidance for interstitial radioelement application
76970	Ultrasound study follow-up (specify) (Deleted 12/31/2020)
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method. (See the Medicare Advantage Policy Guideline for <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> )
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)
76981	Ultrasound, elastography; parenchyma (e.g., organ)
76982	Ultrasound, elastography; first target lesion

CPT Code	Description
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)
76998	Ultrasonic guidance, intraoperative
76999	Unlisted ultrasound procedure (e.g., diagnostic, interventional)
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline for <a href="#">Percutaneous Coronary Interventions</a> )



CPT Code	Description
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline for <a href="#">Percutaneous Coronary Interventions</a> )
93880	Duplex scan of extracranial arteries; complete bilateral study (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93882	Duplex scan of extracranial arteries; unilateral or limited study (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93886	Transcranial Doppler study of the intracranial arteries; complete study (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93888	Transcranial Doppler study of the intracranial arteries; limited study (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection (See the Medicare Advantage Policy Guideline for <a href="#">Noninvasive Tests of Carotid Function (20.17)</a> )
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study (See the Medicare Advantage Policy Guideline for <a href="#">Diagnosis and Treatment of Impotence (NCD 230.4)</a> )
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study (See the Medicare Advantage Policy Guideline for <a href="#">Diagnosis and Treatment of Impotence (NCD 230.4)</a> )
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

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HCPCS Code	Description
G9157	Transesophageal Doppler used for cardiac monitoring

Modifier	Description
TC	Technical component
26	Professional Component

## Non-Covered Diagnosis Code

### [Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

## Questions and Answers

1	Q:	Where are the CMS Local Coverage Determinations (LCDs) and Articles located for Ultrasound Diagnostic Procedures?
	A:	They can be found on the CMS web site <a href="https://www.cms.gov/medicare-coverage-database/new-search/search.aspx">https://www.cms.gov/medicare-coverage-database/new-search/search.aspx</a> since the LCDs/Articles for the various ultrasound diagnostic procedures are too numerous to list.

## References

### CMS National Coverage Determinations (NCDs)

[NCD 220.5 Ultrasound Diagnostic Procedures](#)

### CMS Benefit Policy Manual

[Chapter 15: § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

### CMS Claims Processing Manual

[Chapter 13: § 20 Payment Conditions for Radiology Services](#)

[Chapter 18: § 110 Ultrasound Screening for Abdominal Aortic Aneurysm \(AAA\)](#)

[Chapter 32: § 310 Transesophageal Doppler Used for Cardiac Monitoring](#)

### CMS Transmittal(s)

[Transmittal 76, Change Request 5608, Dated 09/12/2007 Ultrasound Diagnostic Procedures](#)

[Transmittal 2743, Change Request 8330, Dated 07/25/2013 Coding Changes to Ultrasound Diagnostic Procedures for Transesophageal Doppler Monitoring](#)

### MLN Matters

[Article MM5235, Implementation of a One-Time Only Ultrasound Screening for Abdominal Aortic Aneurysms \(AAA\), Resulting from a Referral from an Initial Preventive Physical Examination](#)

[Article MM5608, Ultrasound Diagnostic Procedures](#)

[Article MM8330, Coding Changes to Ultrasound Diagnostic Procedures for Transesophageal Doppler Monitoring](#)

[Article MM8881, Medicare Coverage of Ultrasound Screening for Abdominal Aortic Aneurysms \(AAA\) and Screening Fecal-Occult Blood Tests \(FOBT\)](#)

[Article MM9888, HCPCS Code Update for Preventive Services](#)

[Article SE1122, Important Reminders about Advanced Diagnostic Imaging \(ADI\) Accreditation Requirements \(MIPPA Exclusion for Ultrasound\)](#)

### UnitedHealthcare Commercial Policies

[Breast Imaging for Screening and Diagnosing Cancer](#)

[Spinal Ultrasonography](#)



## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
03/10/2021	<b>Applicable Codes</b> <ul style="list-style-type: none"><li>Added language to indicate:<ul style="list-style-type: none"><li>There are various reasonable and necessary conditions for ultrasound diagnostic procedures which are too numerous to list but can be found in Local Coverage Determinations (LCDs) and Articles</li><li>An appropriate CPT code(s) and diagnosis code(s) must be submitted with each claim and failure to do so may result in denial or delay in claim processing</li><li>The highest level of specificity should be used to report the patient's condition</li><li>The most current CPT® and diagnosis coding should be used to ensure proper payment</li></ul></li><li>Removed notation pertaining to B-scan for atherosclerotic narrowing of peripheral arteries</li><li>Revised description for CPT code 76513</li><li>Added notation to indicate CPT code 76970 was “deleted Dec. 31, 2020”</li></ul> <b>Questions and Answers (Q&amp;A)</b> <ul style="list-style-type: none"><li>Added Q&amp;A to clarify the CMS Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) for ultrasound diagnostic procedures can be found on the CMS web site <a href="https://www.cms.gov/medicare-coverage-database/new-search/search.aspx">https://www.cms.gov/medicare-coverage-database/new-search/search.aspx</a></li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG336.07</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).