



Nuchal Translucency Reimbursement

Nuchal translucency components:

- 1) Fetal viability Assessment
- 2) Crown-rump length determination
- 3) Nuchal Translucency measurement.

New CPT codes for a Nuchal Translucency issued - January 1, 2007.

76813 is the nuchal translucency for a single or first gestation pregnancy.

- Can be either transabdominal or transvaginal approach.
- Total RVUs are 3.43; the professional component RVUs are 1.56.

76814 is the CPT code for each additional gestation.

- Total RVUs are 2.29; the professional components RVUs are 1.31.

For comparison:

- 76801 - the total RVUs are 3.51; the professional component RVUs are 1.31
- 76802 - the total RVUs are 1.92; the professional component RVUs are 1.11.

A 76801 can be billed with a 76813/14 - if there is an appropriate indication for its use.

Example: Size/dates discrepancy, bleeding.

Billing examples: 76801 and 76813-59

- Modifier 59 is used to show the 76813 as a distinct and independent service from the 76801. (See modifier in CPT book for clarification.)
- An E&M is not indicated for this testing unless there is a specific consultation requested or if an abnormality is found and the referring physician requests a consultation.
- The Nuchal Translucency ultrasound must be performed by a sonographer and/or physician that has been specifically trained and credentialed to perform the service. Credentialing can be done through the NTQR program (www.ntqr.org)

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