THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☐ Molina Medicare
☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☐ **Medical Group/ IPA/MSO**

Primary Care
☐ IPA/MSO
☐ Directs

Specialists
☐ Directs
☐ IPA

☒ **Hospitals**

Ancillary
☐ CBAS
☐ SNF/LTC
☐ DME
☐ Home Health
☐ Other

Ultrasound Billing Requirements

This is an advisory notification to Molina Healthcare of California (MHC) network providers on Department of Health Care Services (DHCS) billing guidelines for diagnostic ultrasound procedures.

WHAT YOU NEED TO KNOW:

We would like to provide you with essential information regarding the billing and coding requirements for various ultrasound procedures. Please refer to the following guidelines when performing and billing for ultrasound examinations:

Ultrasound of the Breast

For the evaluation of bilateral breast diagnostics, the following CPT codes are split-billable and should be reported twice, applying the appropriate anatomical modifiers:

- **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)

When billing for the technical component only, utilize Modifier TC. Conversely, for the professional component alone, use Modifier 26. In cases where billing includes both the professional and technical service components, a component modifier is not necessary. Additionally, ensure the application of anatomical modifiers (RT or LT) in conjunction with each scenario. For further clarification on billing requirements, refer to the DHCS policy available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/31926.

Ultrasound of the Sinuses

Please note that ultrasound of the sinuses is not covered under Medi-Cal benefits. Consequently, claims for CPT codes **76536** and **76999** will not be reimbursed when billed with a diagnosis of acute or chronic sinusitis (ICD-10-CM codes J01.00 thru J01.91 and J32.0 thru J32.9).

Ultrasound of the Infant Hips

CPT codes **76885** (ultrasound of infant hips, real-time with imaging documentation; dynamic) and **76886** (limited, static) may reimburse for either:

- One professional component (modifier 26) plus one technical component (modifier TC) for the same date of service with any provider; or
- Both the professional and technical components (no modifier) for the same date of service and the same provider.

Ultrasound: Pelvic, Non-Obstetric

Claims for CPT codes **76830** (ultrasound, transvaginal), **76856** (ultrasound, pelvic [non-obstetric], real-time with image documentation; complete), and

76857 (…limited or follow-up [e.g., for follicles]) are not reimbursable when billed in conjunction with the following ICD-10-CM diagnosis codes:

F53.0 – F53.1	Z34.00 – Z34.93
O00.00 – O9A.53	Z36.0 – Z36.9
Z33.1	Z64.0
Z33.2	Z64.1

Ultrasound: Spinal Canal

CPT code **76800** (ultrasound, spinal canal, and contents) is reimbursable for recipients 5 years of age or younger for up to two procedures per calendar year for the same recipient with any provider. Code **76800** is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

G06.1	Q05.5 – Q05.9	Q76.49
L05.91	Q07.00	Q82.6
L05.92	Q42.0 – Q42.9	

For comprehensive details and further clarifications on billing requirements, kindly refer to the provided DHCS policy link.

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below:

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If you are not contracted with Molina and wish to opt out of the Just the Fax, email:mhcproviderjustthefax@molinahealthcare.com
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.