

**IOWA DIAGNOSTIC FEES - updated 5/5/2026**

**OB IMAGING**

Global Service provided when imaging performed & radiologist interp requested  
 Technical fee only is for imaging services only/Interp not performed by IA Rad physician

CPT	Description	Global Fee	TC Fee
			<b>Waukee OB &amp; Ank OB Only imaging done (no Rad Report)</b>
76801	ULTRASOUND 1ST TRI< 14 WEEKS	\$290.00	\$185.00
76802	ULTRASOUND OB EACH ADDTL GESTATION	\$162.00	\$83.00
76805	US OB EVAL MATERNAL/FETAL 14 WKS	\$328.00	\$228.00
76810	US OB MAT/FETAL ADDTL GEST > 14 WKS	\$220.00	\$111.00
76815	US OB LIMITED QUICK LOOK	\$190.00	\$132.00
76816	US OB FOLLOW UP TRANSABDOMINAL	\$267.00	\$180.00
76817	US OB TRANSVAGINAL	\$231.00	\$152.00
76818	US OB BIOPHYS PROFILE W/STRESS TEST	-	\$160.00
76819	US OB BIOPHYS PROFILE W/O STRESS TEST	\$210.00	\$130.00
76830	ULTRASOUND TRANSVAGINAL	\$295.00	\$221.00
76856	ULTRASOUND PELVIS, TRANSABDOMINAL	\$246.00	\$184.00
76857	ULTRASOUND PELVIS,LTD OR F/U	\$192.00	\$149.00
TATVUS	US TRANSABDOMINAL & TRANSVAGINAL	\$541.00	\$405.00

*\*Please verify if Pelvic US will be TV & TA- if both be sure to add CPT fee for each approach.*

Example: If early OB 76801 (TA) IS PERFORMED & TV imaging is also done-add in fee for 76817 as well. Required elements need evaluated on each approach (exception: measurements not needed on TV)	\$290.00	\$185.00
	<u>+\$231.00</u>	<u>+\$152.00</u>
	\$521.00	\$337.00

**SEE IMAGING/DOCUMENTATION REQUIREMENTS BELOW  
 IF CERVICAL LENGTH IS PERFORMED FOR A MEDICALLY NECESSARY REASON PLEASE NOTE INDICATION TO  
 SUPPORT BILLING.**

## Imaging requirements:

76801	<ul style="list-style-type: none"> <li>•Determination of # of gestational sacs <b>and</b> fetuses •sac/fetal measurements appropriate for gest age •maternal uterus <b>and</b> adnexa • amniotic fluid volume •gestational sac shape, •fetal <b>and</b> placental formation</li> <li>•If any of the required elements are not described <b>or</b> a reason for non-visualization was not given, then it would be appropriate to report the limited</li> <li>•Use 76817 in addition to the appropriate transabdominal code if bothTA and TV studies are performed. This code is used predominately in the first trimester but may also be used later in pregnancy to evaluate cervical length and the position of the placenta relative to the internal cervical os.</li> <li>••<b>Must have order and medical necessity for billing cervical length separately; and have it documented in the report</b></li> </ul>
76805	<ul style="list-style-type: none"> <li>•This includes •determination of fetal dates <b>or</b> size, typically with •measurement of <u>biparietal diameter</u>, <u>head</u> circumference, femur length, and <u>abdominal</u> circumference; evaluation of the placenta <b>and</b> its location <b>and</b> amniotic fluid assessment; evaluation of fetal anatomy: to include • survey of •intracranial, •spinal, <b>and</b> •abdominal anatomy, •four-chambers heart, and•umbilical cord insertion; <b>and</b> evaluation of the •maternal uterus <b>and</b> •adnexa, when visible.</li> </ul>
76815 <b>(reported only once per encounter)</b> <b>(used for a focused area/not all elements seen)</b>	<ul style="list-style-type: none"> <li>•The limited code 76815 describes the assessment of one or more elements listed in code 76805, but not all areas were visualized and/or documented.</li> <li>•This could also be representative of focused evaluation of a single area of concern <b><u>without a previous US</u></b> (fetal heart rate, placental loc, fetal position, amniotic fluid)</li> </ul>
76816 <b>(reported for each fetus)</b>	<ul style="list-style-type: none"> <li>•This code is used for a selected, limited purpose such as <b><u>re-evaluation</u></b> of fetal viability, fetal position, or amniotic fluid check, determined to be abnormal on a prior scan). <b>Follow up of prior imaging-which was <u>incomplete or abnormal and requires patient to return/ follow up of a previously identified issue(s)</u>.</b></li> </ul>
76817 <b>(Reported only once per encounter)</b>	<ul style="list-style-type: none"> <li>•Includes the evaluation of the embryos, gestational sacs, maternal uterus, adnexa, and/or cervix.</li> <li>•Evaluate cervical length and the position of the placenta relative to the internal cervical os</li> </ul>