

Healthcare Operations Utilization Management Protocol Ultrasound Examination for Pregnancy

Number

OBG020

Approved for Commercial, Medicare, & Medicaid

For Sierra Health-Care Options products, please review plan documents prior to issuing a determination.

Note: For Sierra Health & Life Private Fee-for-Service Medicare plans, Advance Coverage Determinations are based on Medicare guidelines. Please review Medicare guidelines before making Advance Coverage Determination if requested.

CPT: Refer to Section F – Guidelines for Fetal Ultrasound Codes Table

Background:

The American College of Obstetricians and Gynecologists (ACOG) has stated that a detailed or targeted anatomic examination may be necessary when an anomaly is suspected on the basis of history, biochemical abnormalities or clinical evaluation, or suspicious results from either the limited or standard ultrasound examination (ACOG, 2004).

The Society for Maternal-Fetal Medicine (SMFM) has stated that a fetal ultrasound with detailed anatomic examination is not necessary as a routine scan for all pregnancies (SMFM, 2004). Rather, this scan is necessary for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan during pregnancy, etc.). Thus, the SMFM has stated that the performance of this scan is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities (SMFM, 2004).

The SMFM has also determined that no more than one fetal ultrasound with detailed anatomic examination is necessary per pregnancy, per practice, when medically necessary (SMFM, 2004). Once this detailed fetal anatomical exam is done, a second exam should not be performed unless there are extenuating circumstances with a new diagnosis. The SMFM has stated that it is appropriate to repeat the detailed fetal anatomical ultrasound examination when a patient is seen by another maternal-fetal medicine specialist practice, for example, for a second opinion on a fetal anomaly, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

A focused ultrasound assessment is sufficient for follow-up to provide a re-examination of a specific organ or system known or suspected to be abnormal, or when doing a focused assessment of fetal size by measuring the bi-parietal diameter, abdominal circumference, femur length, or other appropriate measurements (SMFM, 2004).

An ultrasound without detailed anatomic examination is appropriate for a fetal maternal evaluation of the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal and abdominal anatomy,

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evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adenexa when visible and appropriate (SMFM, 2004).

This modality is widely used, but the evidence for efficacy exists only in selective circumstances. There is a lack of evidence that routine screening with ultrasound in all pregnancies improves care or outcome, the expense of the test is significant, and risks while undocumented at this time, remain unknown and hypothetical.

Description:

Ultrasound imaging uses high frequency sound waves to produce dynamic images of organs, tissues, or blood flow inside the body. Obstetricians use ultrasounds at a very low power level to check fetal size, location, age and quantity. Ultrasound is also used in this manner to assess for the presence of some type of birth defects, fetal movement, breathing and heartbeat.

Covered Indications:

- A. Ultrasound examination is covered for:
 - 1. One routine two-dimensional (2D) standard ultrasound examination per pregnancy at 18 to 20 weeks gestation; and
 - 2. Additional ultrasound examinations as medically necessary if performed for a specific medical indication (diagnosis), and with clinical documentation stating that the resolution of which will alter prenatal care.

- B. Indications for ultrasound examination, include but are not limited to, the following:
 - 1. Estimation of gestational age for patients with uncertain clinical dates, or verification of dates for patients who undergo scheduled elective repeat cesarean delivery, indicated induction of labor, or other elective termination of pregnancy. Ultrasonographic confirmation of dating permits proper timing of cesarean delivery or labor induction to avoid premature delivery.
 - 2. Evaluation of fetal growth (e.g., when the patient has an identified etiology for uteroplacental insufficiency, such as severe pre-eclampsia, chronic hypertension, chronic renal disease, severe diabetes mellitus, or for other medical complications of pregnancy where fetal malnutrition, (such as, Intrauterine Growth Retardation or macrosomia, is suspected). Following fetal growth permits assessment of the impact of a complicating condition on the fetus and guides pregnancy management.
 - 3. Vaginal bleeding of undetermined etiology in pregnancy. Ultrasound often allows determination of the source of bleeding and status of the fetus.
 - 4. Determination of fetal presentation when the presenting part cannot be adequately determined in labor or the fetal presentation is variable in late pregnancy. Accurate knowledge of presentation guides management of delivery.
 - 5. Suspected multiple gestation based upon detection of more than one fetal heartbeat pattern, or fundal height larger than expected for dates, and/or prior use of fertility drugs. Pregnancy management may be altered in multiple gestation.

6. Adjunct to amniocentesis. Ultrasound permits guidance of the needle to avoid the placenta and fetus, to increase the chance of obtaining amniotic fluid, and to decrease the chance of fetal loss.
7. Discrepancy significant uterine size and clinical. Ultrasound permits accurate dating and detection of such conditions as oligohydramnios and polyhydramnios, as well as multiple gestation, IUGR, and anomalies.
8. Pelvic mass detected clinically. Ultrasound can detect the location and nature of the mass and aid in diagnosis.
9. Suspected hydatidiform mole, based on clinical signs of hypertension, proteinuria, and/or the presence of ovarian cysts felt on pelvic examination, or failure to detect fetal heart tones with a Doppler ultrasound device after 12 weeks. Ultrasound permits accurate diagnosis and differentiation of this disorder from fetal death.
10. Adjunct to cervical cerclage placement. Ultrasound aids in timing and proper placement of the cerclage for patients with incompetent cervix.
11. Suspected ectopic pregnancy or when pregnancy occurs after tuboplasty or prior ectopic gestation. Ultrasound is a valuable diagnostic aid for this complication.
12. Adjunct to special procedures, such as fetoscopy, intrauterine transfusion, shunt placement, or chorionic villi sampling. Ultrasound aids instrument guidance that increases safety of these procedures.
13. Suspected fetal death. Rapid diagnosis enhances optimal management.
14. Suspected uterine abnormality, including clinically significant leiomyomata, or congenital structural abnormalities, such as bicornuate uterus or uterus didelphis, etc. Serial surveillance of fetal growth and state enhances fetal outcome.
15. Intrauterine contraceptive device localization. Ultrasound guidance facilitates removal, reducing chances of IUD-related complications.
16. Biophysical evaluation for fetal well-being after 28 weeks of gestation. Assessment of amniotic fluid, fetal tone, body movements, breathing movements, and heart rate patterns assists in the management of high-risk pregnancies.
17. Observation of intrapartum events, e.g., version/extraction of second twin, manual removal of placenta, etc. These procedures may be done more safely with the visualization provided by ultrasound.
18. Suspected polyhydramnios or oligohydramnios. Confirmation of the diagnosis is permitted, as well as identification of the cause of the condition in certain pregnancies.
19. Suspected abruptio placentae. Confirmation of diagnosis and extent assists in clinical management.
20. Adjunct to external version from breech to vertex presentation. The visualization provided by ultrasound facilitates performance of this procedure.
21. Estimation of fetal weight and/or presentation in premature rupture of membranes and/or premature labor. Information provided by ultrasound guides management decisions on timing and method of delivery.
22. Abnormal serum alpha-fetoprotein (AFP) value for clinical gestational age when drawn. Ultrasound provides an accurate assessment of gestational age for the AFP comparison standard and indicates several conditions (e.g., twins, anencephaly) that may cause elevated AFP values.

23. Follow-up observation of identified fetal anomaly. Ultrasound assessment of progression or lack of change assists in clinical decision-making.
24. Follow-up evaluation of placenta location for identification of placenta previa.
25. History of previous congenital anomaly. Detection of recurrence may be permitted, allowing for timely termination, or psychological benefit to patients may result from reassurance of no recurrence.
26. Serial evaluation of fetal growth in multiple gestation. Ultrasound permits recognition of discordant growth, guiding patient management and timing of delivery.
27. Evaluation of fetal condition in late registrants for prenatal care. Accurate knowledge of gestational age assists in pregnancy management decisions for this group.

Use of procedure codes is as follows:

- C. CPT 76805 (Fetal and Maternal evaluation after 1st trimester) would be used for a fetal maternal evaluation of : the number of fetuses; amniotic/chorionic sacs; survey of intracranial, spinal, and abdominal anatomy; four chamber heart view assessment of the umbilical cord insertion site; and amniotic fluid volume evaluation of maternal adnexa when visible when appropriate. Once this detailed fetal anatomical exam is done, a second exam should not be performed unless there are extenuating circumstances with a new diagnosis.
- D. CPT 76811 is not intended to be the routine scan performed for all pregnancies. This code is intended for a known or suspected fetal anatomic or genetic abnormality (i.e. anomalous fetus, abnormal scan this pregnancy, etc.). One medically indicated CPT 76811 per pregnancy, per practice, is appropriate. Once this detailed fetal anatomical exam (76811) is done, a second exam should not be performed unless there are extenuating circumstances with a new diagnosis. This high level ultrasound is reserved for perinatologists or specially trained radiologists.
- E. For the CPT 76813, nuchal translucency, provider is required to have certificate of training to perform this study. One per pregnancy. A second request requires Medical Director review.
- F. CPT 76816 to be used for the follow up ultrasound for 76811 and 76805 when doing a focused assessment of fetal size.
- G. Guideline for Fetal Ultrasound Codes Table (NOTE: 76820 through 93325 require Medical Director approval).

CPT	DESCRIPTION	GESTATION	APPROVED INDICATIONS
76801	Fetal /maternal evaluation	<14 weeks	
76805	Fetal and maternal evaluation after first trimester	>14 weeks	<ul style="list-style-type: none"> ▪ To screen for congenital malformation ▪ To exclude multiple pregnancy ▪ To verify dates and growth ▪ To identify placental position
76811	Fetal and maternal evaluation w/detailed fetal anatomic exam	>14 weeks	<ul style="list-style-type: none"> ▪ One time only ▪ Includes 76805-with detailed fetal survey ▪ To screen for congenital malformation
76813	Nuchal translucency	Between 10-14 weeks	<ul style="list-style-type: none"> ▪ First trimester screening for Down's syndrome

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CPT	DESCRIPTION	GESTATION	APPROVED INDICATIONS
			<ul style="list-style-type: none"> ▪ One per pregnancy
76815	Limited (fetal heart bet, placental location, fetal position and/or qualitative amniotic fluid volume, one or more fetuses.	> 14 weeks	<ul style="list-style-type: none"> ▪ Answer specific questions that require investigation; ▪ Verify cardiac activity in an emergency ▪ Verify fetal presentation during labor ▪ Generally not appropriate if a prior complete exam is not on record
76816	Follow up to evaluate fetal size, amniotic fluid volume or re-evaluation of organ system.	> 20 weeks	<ul style="list-style-type: none"> ▪ Follow up on fetal size and assess for growth ▪ Re-evaluate organ system ▪ Verify placental position ▪ Conduct follow up ultrasound to evaluate growth for a medical reason; suspect aberrant growth (e.g. chronic hypertension, diabetes, maternal obesity, multifetal gestation, prior macrosomic fetus, etc.).
76817	Transvaginal Ultrasound	Dependent on diagnosis *Ultrasound for an Incompetent cervix- not shown to be beneficial for greater than 25weeks.	<ul style="list-style-type: none"> ▪ Confirm pregnancy ▪ Rule out ectopic or molar pregnancies ▪ Confirm cardiac pulsation ▪ Measure crown rump length ▪ Identify number of gestational sacs ▪ Evaluate vaginal bleeding ▪ Monitor cervix in cases of incompetent or maternal history of premature delivery less than 35 weeks
76820	Doppler velocimetry fetal umbilical artery	Estimated Fetal Weight (EFW) less than 15% percentile	<ul style="list-style-type: none"> ▪ Use only in cases with documented asymmetrical Intrauterine Growth Restriction (IUGR)/decreased Amniotic Fluid Index (AFI)
76821	Doppler velocimetry fetal; middle cerebral artery		<ul style="list-style-type: none"> ▪ Determine fetus at risk for anemia (e.g. red blood cell isoimmunization, parvovirus infection, etc.); hydrops
76825	Echocardiography Fetal		<ul style="list-style-type: none"> ▪ Show a potential defect noted in the original ultrasound (76805 or 76811) ▪ Determine a high risk of a potential

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CPT	DESCRIPTION	GESTATION	APPROVED INDICATIONS
			heart defect (congenital history parent or sibling, abnormal screen); <ul style="list-style-type: none"> ▪ Look for extra cardiac abnormality ▪ Look for chromosomal abnormality ▪ Evaluate for fetal cardiac arrhythmia ▪ Look for non-immune hydrops ▪ Conduct when there is a question of cardiac anomaly on prior sonogram; ▪ Evaluate for IUGR ▪ Determine potential of teratogenic exposure (alcohol, amphetamines, anticonvulsives, lithium) ▪ Evaluate maternal disorders (diabetes, collagen vascular disease, PKU, rubella inherited familial syndromes) ▪ Look for presence of Trisomy 18 or 13 ▪ Determine presence of abnormal nuchal fold ▪ Conduct abnormal serum screening or increased risks for Down's Syndrome
76826	Follow up study; fetal echocardiography		<ul style="list-style-type: none"> ▪ Conduct follow-up study when 76825 is abnormal earlier in the pregnancy and the F/U up scan will alter or affect the treatment plan
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display complete		<ul style="list-style-type: none"> ▪ Where a potential defect was noted in the original ultrasound (76805 or 76811); or ▪ When there is high risk of a potential heart defect (congenital history, abnormal screen)
76828	Follow up or repeat study of Doppler echocardiography, fetal		<ul style="list-style-type: none"> ▪ Conduct follow-up study when 76827 was abnormal earlier in the pregnancy and the follow up study will alter the treatment plan
93325	Color flow mapping		<ul style="list-style-type: none"> ▪ Use color flow mapping when echocardiography is questionable or ambiguous ▪ If diagnosis depends on hemodynamic evaluation of

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CPT	DESCRIPTION	GESTATION	APPROVED INDICATIONS
			intracardiac circulation which can only be obtained by Doppler <ul style="list-style-type: none"> ▪ When the diagnosis rests on measuring the fetal cardiac output ▪ To more precisely define a complicated diagnosis ▪ Not payable separately when billed with 76820, 76821, 76827, or 76828

H. Current Procedural Terminology (CPT) Codes/ International Classification of Diseases (ICD-9) Diagnosis Codes

Routine fetal ultrasounds

CPT codes covered if selection criteria are met:

- 76801
- +76802
- 76805
- +76810
- 76815
- 76816

ICD-9 Codes covered (for routine fetal ultrasounds) if selection criteria are met:

- 640.00 – 676.94 Complications of pregnancy and childbirth
- V22.0 – V23.9 Supervision of high risk pregnancy
- V28.3 Screening for malformation using ultrasonics
- V28.4 Screening for fetal growth retardation using ultrasonics

Detailed fetal ultrasounds

CPT Codes covered if selection criteria met:

- 76811
- +76812

ICD-9 Codes covered (for detailed fetal ultrasounds) if selection criteria met:

- 647.43* Malaria complicating pregnancy, antepartum condition or complication
- 647.63* Other viral diseases complicating pregnancy, antepartum condition or complication
- 647.83 Other specified infectious/parasitic diseases complicating pregnancy, antepartum condition or complication
- 648.03* Diabetes mellitus complicating pregnancy, antepartum condition or complication
- 348.33* Drug dependence complicating pregnancy, antepartum condition or complication, other than smoking
- 648.53* Congenital cardiovascular disorders complication pregnancy, antepartum condition or complication
- 651.03* Twin pregnancy, antepartum condition or complication
- 651.13* Triplet pregnancy, antepartum condition or complication
- 651.23* Quadruplet pregnancy, antepartum condition or complication

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- 651.33* Twin pregnancy, with fetal loss and retention of one fetus, antepartum condition or complication
- 651.43* Triplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition or complication
- 651.53* Quadruplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition or complication
- 653.63* Hydrocephalic fetus causing disproportion complicating pregnancy, antepartum condition or complication
- 653.73 Other fetal abnormality causing disproportion complicating pregnancy, antepartum condition or complication
- 655.03* Central nervous system malformation in fetus complicating pregnancy, antepartum condition or complication
- 655.13* Chromosomal abnormality in fetus complicating pregnancy unspecified episode care or not applicable
- 655.23 Hereditary disease in family possibly affecting fetus complicating pregnancy, antepartum condition or complication
- 655.33* Suspected fetal damage from viral disease in mother complicating pregnancy, antepartum condition or complication
- 655.43* Suspected fetal damage from other disease in mother complicating pregnancy, antepartum condition or complication
- 655.53* Suspected damage to fetus from drugs, complicating pregnancy, antepartum condition or complication
- 655.63* Suspected damage to fetus from radiation, complicating pregnancy, antepartum condition or complication
- 655.83* Other known/suspected fetal abnormality nec, complicating pregnancy, antepartum condition or complication
- 655.93 Unspecified known/suspected fetal abnormality affecting management of mother, antepartum condition or complication
- 656.13* Rhesus isoimmunization complicating pregnancy, antepartum condition or complication
- 656.23* Isoimmunization from other/unspecified blood-group incompatibility, antepartum condition or complication
- 656.53 Poor fetal growth complicating pregnancy, antepartum condition or complication
- 657.03* Polyhydramnios complicating pregnancy antepartum condition or complication AFI > 25 cm
- 658.03 Oligohydramnios complicating pregnancy, antepartum condition or complication AFI < 8cm
- 659.63 Other advanced maternal, antepartum condition or complication
- 659.73* Abnormality in fetal heart rate/rhythm, antepartum condition or complication
- 663.83 Other umbilical cord complications in pregnancy, antepartum condition or complication
- 665.93 Unspecified umbilical cord complication in pregnancy, antepartum condition or complication

- 793.6 Nonspecific abnormal finding on radiological and other examinations of abdominal are including retroperitoneum
- 793.9 Other nonspecific abnormal finding on radiological and other examination of body structure

* After the initial 76811, a follow-up 76805 can be done. A second request for 76805 *for the same or different diagnosis* requires Medical Director Review.

The following codes require Medical Director Review for the first 76811: 647.63, 647.86, 653.73, 655.13, 655.23, 655.33, 655.43, 655.53, 655.83, 655.93, 656.53, 663.83, 665.93, 793.6, and 793.9

NOTE: The use of the diagnosis V28.8 – Supervision of High Risk Pregnancy or 646.0-646.9 – Unspecified Complications of Pregnancy without identifying the specific high risk or complication is not covered.

Non-Covered Indications:

- A. The use of the diagnosis V28.8 – Supervision of High Risk Pregnancy or 646.0-646.9 – Unspecified Complications of Pregnancy without identifying the specific high risk or complication
- B. Ultrasound examinations performed solely to determine gender or to provide photographic representation of the fetus, because it is considered not medically necessary for the management of a pregnancy.
- C. Three-dimensional (3D) or four-dimensional (4D) ultrasonography because they are considered experimental, investigational or unproven.
- D. Ultrasound examinations solely to determine gender or provide photographic representation of the fetus because it is not considered medically necessary for the management of the pregnancy.

Contraindications: None.

Review History:

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Care Management Quality Improvement Sub-Committee Approval Dates: 10/25/01, 7/25/02, 8/28/03

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