ULTRASOUND EXAMINATION FOR PREGNANCY

Protocol: OBG020
Effective Date: July 1, 2018

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INSTRUCTIONS FOR USE
This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice. This policy does not govern Medicare Group Retiree members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COMMERCIAL, MEDICARE & MEDICAID COVERAGE RATIONALE

A. Ultrasound examination is covered for:
   1. One routine two-dimensional (2D) standard ultrasound examination per pregnancy at 14 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.

MCG™ Care Guideline: Pregnant Uterus, Transabdominal Ultrasound A-0433 (ACG).

B. Indications for ultrasound examination, include but are not limited to, the following:
   • Ectopic pregnancy, known or suspected
   • Intrauterine pregnancy evaluation needed, as indicated by 1 or more of the following:
     ▪ First-trimester screening for fetal aneuploidy (ie, to measure nuchal translucency)
     ▪ Confirmation of gestational age and anatomic screening for congenital anomalies (ie, second-trimester genetic sonogram)
- Confirmation of gestational age prior to voluntary termination of pregnancy
- Fetal abnormalities or complications, known or suspected, as indicated by 1 or more of the following:
  - Abnormal fetal cardiac finding on screening ultrasound
    - Abnormal fetal heart rate or rhythm
    - Aneuploidy, known or suspected (eg, increased nuchal translucency on fetal ultrasound)
    - Breech or other malpresentation
    - Decreased fetal movements or suspected fetal demise
    - Fetal anomaly found on previous ultrasound (eg, dilation of fetal renal pelvises, neural tube defect)
    - Oligohydramnios
    - Polyhydramnios
- Fetal growth evaluation needed, as indicated by 1 or more of the following:
  - Discordant fetal growth in multifetal gestation
  - Fundal height growth faster than expected (eg, greater than expected for gestational age)
  - Fundal height growth slower than expected (eg, intrauterine growth restriction)
  - Maternal diabetes, including gestational diabetes
  - Preeclampsia, gestational hypertension, or maternal hypertension (ie, possible placental insufficiency and intrauterine growth restriction)
- Guidance for diagnostic or therapeutic procedure (eg, amniocentesis, chorionic villus sampling)
- Hydatidiform mole (ie, molar pregnancy), suspected, as indicated by 1 or more of the following:
  - Abnormally high level of quantitative serum HCG for gestational age
  - Absent fetal heart tones
  - Hyperemesis gravidarum
  - Uterine enlargement greater than gestational age
  - Vaginal bleeding with positive serum HCG
- Hydatidiform mole follow-up needed after evacuation, as indicated by 1 or more of the following:
  - Persistence of detectable HCG levels for more than 6 months following mole evacuation
  - Serum HCG level increase of more than 10% of 3 values recorded over 2-week duration (days 1, 7, and 14)
  - Serum HCG plateau of 4 values of 10% or more recorded over 3-week duration (days 1, 7, 14, and 21)
- Maternal complication or comorbidity evaluation needed, as indicated by 1 or more of the following:
  - Hyperemesis gravidarum
  - Hypertensive disorder of pregnancy (eg, preeclampsia)
  - Maternal diabetes
  - Pelvic mass
  - Pelvic or abdominal pain not associated with labor (eg, suspected appendicitis)
  - Poor maternal weight gain
Ultrasound examination is considered **not medically necessary** for all of the following:

1. The use of the diagnosis Z36 – Encounter for antenatal screening of mother without identifying the specific high risk or complication.
2. 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.
3. Three-dimensional (3D) or four-dimensional (4D) ultrasonography because they are considered experimental, investigational or **not medically necessary**.

There is a Medicare National Coverage Determination for Ultrasound Diagnostic Procedures (220.5). There is no Local Coverage Determination for Nevada (Accessed May 2018). The NCD includes the following information on ultrasound diagnostic procedures:

**Nationally Covered Indications**
Category I - (Clinically effective, usually part of initial patient evaluation, may be an adjunct to radiologic and nuclear medicine **diagnostic** technique). The following are indications listed in Category I that specifically pertain to Ultrasound Examination for Pregnancy.
• 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.

The Nationally Non-covered Indications of Category II for ultrasound diagnosis procedures does not apply to the ultrasound examination for pregnancy.

Uses for ultrasound diagnosis procedures not listed in Category I are left to local contractor discretion. In view of the rapid changes in the field of ultrasound diagnosis, uses for ultrasound diagnosis procedures other than those listed under Categories I and II should be carefully reviewed before payment. Medical justification may be required.

For Medicare and Medicaid Determinations Related to States Outside of Nevada:
Please review Local Coverage Determinations that apply to other states outside of Nevada. http://www.cms.hhs.gov/mcd/search

Important Note: Please also review local carrier Web sites in addition to the Medicare Coverage database on the Centers for Medicare and Medicaid Services’ Website.

BACKGROUND

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.

APPLICABLE CODES

The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this policy are for reference purposes only. Listing of a service code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.

Use of procedure codes is as follows:
1. 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 by the same or another OB/GYN, unless there are extenuating circumstances with a new diagnosis. A perinatologist may request a repeat of 76805, originally performed by the OB/GYN. Members aged 35 or greater or with multiple gestations must be referred to a perinatologist, who may request the test, if appropriate.

2. 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.

3. 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.

4. CPT 76816 is to be used for the follow up ultrasound for 76811 and 76805 when doing a focused assessment of fetal size. Members with multiple gestations must be referred to a perinatologist, who may request this test, if appropriate.

Guideline for Fetal Ultrasound Codes Table
(NOTE: 76820 through 93325 require Medical Director approval)

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
<th>Gestation</th>
<th>Approved Indication</th>
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</thead>
<tbody>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&gt;14 weeks 0 days), transabdominal approach; single or first gestation</td>
<td>&lt;14 weeks</td>
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</table>
| 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 | 14 weeks & above | • To screen for congenital malformation  
• To exclude multiple pregnancy  
• To verify dates and growth  
• To identify placental position  
• For multiple gestations, must be performed by perinatologist. |
<p>| 76810      | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester, (&gt;or = 14 weeks 0 days), transabdominal approach; each additional gestation | 14 weeks &amp; above | • Must be performed by perinatologist |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Allowed Dates</th>
<th>Benefits</th>
</tr>
</thead>
</table>
| 76811    | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | 18 weeks & above                                                              | - One time only  
- Includes 76805 with detailed fetal survey  
- To screen for congenital malformation  
- For multiple gestations, must be performed by perinatologist |
| 76812    | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation | 18 weeks & above                                                              | - Must be performed by perinatologist                                   |
| 76813    | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation | Between 10-14 weeks                                                          | - First trimester screening for Down’s syndrome  
- One per pregnancy                                                    |
| 76815    | Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume) one or more fetuses. | > 20 weeks                                                                    | - 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    | 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 | > 20 weeks                                                                    | - Follow up on fetal size and assess for growth  
- Reevaluate 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 |
<table>
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<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td>76817</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, transvaginal</td>
<td>&lt;ul&gt;&lt;li&gt;Dependent on diagnosis&lt;/li&gt;&lt;li&gt;* Ultrasound for an incompetent cervix not shown to be beneficial for greater than 25 weeks&lt;/li&gt;&lt;/ul&gt; For multiple gestations, must be performed by perinatologist</td>
</tr>
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<td>76820</td>
<td>Doppler velocimetry, fetal; umbilical artery</td>
<td>&lt;ul&gt;&lt;li&gt;Estimated Fetal Weight (EFW) less than 15% percentile&lt;/li&gt;&lt;/ul&gt; Use only in cases with documented asymmetrical Intrauterine Growth Restriction (IUGR)/decreased Amniotic Fluid Index (AFI)</td>
</tr>
<tr>
<td>76821</td>
<td>Doppler velocimetry, fetal; middle cerebral artery</td>
<td>&lt;ul&gt;&lt;li&gt;Determine fetus at risk for anemia (e.g. red blood cell isoimmunization, parvovirus infection, etc); hydrops&lt;/li&gt;&lt;/ul&gt;</td>
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<tr>
<td>76825</td>
<td>Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;</td>
<td>&lt;ul&gt;&lt;li&gt;Show a potential defect noted in the original ultrasound (76805 or 76811)&lt;/li&gt;&lt;li&gt;Determine a high risk of a potential heart defect (congenital history parent or sibling, abnormal screen);&lt;/li&gt;&lt;li&gt;Look for extra cardiac abnormality&lt;/li&gt;&lt;li&gt;Look for chromosomal abnormality&lt;/li&gt;&lt;/ul&gt;</td>
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<td>Examination for Pregnancy</td>
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| **76826** | Follow up study; fetal echocardiography | **• 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 or Trisomy 18 or 13**  
**• Determine presence of abnormal nuchal fold**  
**• Conduct abnormal serum screening or increased risks for Down’s Syndrome** |

| 76827 | Doppler echocardiography fetal, pulsed wave and/or continuous wave with spectral display; complete | **• 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.**  
**• Where a potential defect was noted in the original ultrasound (76805 or 76811); or**  
**• When there is a high risk of a potential heart defect (congenital history, abnormal screen)** |

| 76828 | Follow up or repeat study of Doppler echocardiography, fetal | **• Conduct follow up study when 76827 was abnormal earlier in the pregnancy and the follow up study will alter** |
# Ultrasound Exam

## Doppler echocardiography color flow velocity mapping

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<th>Code</th>
<th>Description</th>
<th>Notes</th>
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| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | - Use color flow mapping when echocardiography is questionable or ambiguous  
- If diagnosis depends on hemodynamic evaluation of intracardiac circulation which can only be obtained by Doppler  
- When the diagnosis rests on measuring the fetal cardiac output  
- To more precisely define a complicated diagnosis  
- Not payable separately when billed with 76820 or 76821. |

### APPROVED INDICATIONS

- When the diagnosis rests on measuring the fetal cardiac output
- To more precisely define a complicated diagnosis
- Not payable separately when billed with 76820 or 76821.

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### Requires Medical Director Review:

- A second request for 76805 (whether the same or different diagnosis) by an OB/GYN. A second request by a perinatologist as part of the initial evaluation does not require medical director review.
- An initial request for 76811 with the following diagnosis codes: O98.511, O98.512, O98.513, O33.7XX0, O35.1XX0, O35.2XX0, O35.3XX0, O35.4XX0, O35.5XX0, O35.8XX0, O35.9XX0, O36.5110, O36.5120, O36.5130, O36.5910, O36.5920, O36.5930, O69.89X0, O71.9, R93.5, and R93.8

### NOTE:
The use of the diagnosis Z36 – Encounter for antenatal screening of mother without identifying the specific high risk or complication is not covered.

### REFERENCES


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