ULTRASOUND EXAMINATION FOR PREGNANCY

Protocol: OBG020
Effective Date: July 25, 2019

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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.

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 & 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:
  o Abnormal fetal cardiac finding on screening ultrasound
  o Abnormal fetal heart rate or rhythm
  o Aneuploidy, known or suspected (eg, increased nuchal translucency on fetal ultrasound)
  o Breech or other malpresentation
  o Decreased fetal movements or suspected fetal demise
  o Fetal anomaly found on previous ultrasound (eg, dilation of fetal renal pelvises, neural tube defect)
  o Oligohydramnios
  o Polyhydramnios

• Fetal growth evaluation needed, as indicated by 1 or more of the following:
  o Discordant fetal growth in multifetal gestation
  o Fundal height growth faster than expected (eg, greater than expected for gestational age)
  o Fundal height growth slower than expected (eg, intrauterine growth restriction)
  o Maternal diabetes, including gestational diabetes
  o 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:
  o Abnormally high level of quantitative serum HCG for gestational age
  o Absent fetal heart tones
  o Hyperemesis gravidarum
  o Uterine enlargement greater than gestational age
  o Vaginal bleeding with positive serum HCG

• Hydatidiform mole follow-up needed after evacuation, as indicated by 1 or more of the following:
  o Persistence of detectable HCG levels for more than 6 months following mole evacuation
  o Serum HCG level increase of more than 10% of 3 values recorded over 2-week duration (days 1, 7, and 14)
  o 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:
  o Autoimmune disease
  o Hyperemesis gravidarum
  o Hypertensive disorder of pregnancy (eg, preeclampsia)
  o Maternal diabetes
  o Maternal infection (eg TORCH infection)
  o Pelvic mass
Ultrasound Exam

ELAPPCL or abdominal pain not associated with labor (e.g., suspected appendicitis)
- Poor maternal weight gain
- Preterm labor or premature rupture of membranes
- Renal disease
- Solid organ transplant recipient
- Thrombophilia
- Trauma
- Vaginal bleeding

- Miscarriage (spontaneous abortion), incomplete abortion, or fetal demise, suspected, as indicated by 1 or more of the following:
  - Failure to hear fetal heart tones after 12 weeks' gestation
  - Failure to hear previously heard fetal heart tones
  - Quantitative serum HCG level that does not double in 48 hours
  - Retained products of conception, suspected (e.g., fever following spontaneous or voluntary pregnancy termination)
  - Vaginal bleeding associated with positive HCG

- Multifetal gestation evaluation needed

- Placental abnormality evaluation needs, as indicated by 1 or more of the following:
  - In vitro ferterilizaion pregnancy
  - Low-lying placenta or placenta previa
  - Placental abruption
  - Placental acrere, increta, or percreta
  - Vasa previa

- Repeat evaluation of specific area or structure with same imaging modality, as indicated by 1 or more of the following:
  - Change in clinical status (e.g., worsening symptoms or new associated symptoms)
  - Need for interval reassessment that may impact treatment plan
  - Need for re-imaging either prior to or after performance of invasive procedure

** End of MCG

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**.

**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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<tbody>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt;14 weeks 0 days), transabdominal approach; single or first gestation</td>
<td>&lt;14 weeks</td>
<td></td>
</tr>
</tbody>
</table>
| 76805      | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester, (>or = 14 weeks 0 | 14 weeks & above | - To screen for congenital malformation  
- To exclude multiple pregnancy |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Duration</th>
<th>Notes</th>
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</thead>
</table>
| 76810  | Ultrasound, pregnant uterus, real time with image documentation, fetal and  | 14 weeks & above  | - To verify dates and growth  
|        | maternal evaluation, after first trimester, (>or = 14 weeks 0 days),  |                   | - To identify placental position  
|        | transabdominal approach; single or first gestation                        |                   | - For multiple gestations, must be performed by perinatologist.                                                                      |
| 76811  | Ultrasound, pregnant uterus, real time with image documentation, fetal and   | 18 weeks & above  | - Must be performed by perinatologist.                                                                                               |
|        | maternal evaluation plus detailed fetal anatomic examination, transabdominal |                   | - Includes 76805 with detailed fetal survey  
|        | approach; single or first gestation                                        |                   | - To screen for congenital malformation  
|        |                                                                             |                   | - For multiple gestations, must be performed by perinatologist.                                                                      |
| 76812  | Ultrasound, pregnant uterus, real time with image documentation, fetal and   | 18 weeks & above  | - Must be performed by perinatologist.                                                                                               |
|        | maternal evaluation plus detailed fetal anatomic examination, transabdominal |                   | - First trimester screening for Down’s syndrome  
|        | approach; each additional gestation                                        |                   | - One per pregnancy                                                               |
| 76813  | Ultrasound, pregnant uterus, real time with image documentation, first      | Between 10-14     | - Answer specific questions that require investigation;  
|        | trimester fetal nuchal translucency measurement, transabdominal or          | weeks             | - Verify cardiac activity in an emergency  
|        | transvaginal approach; single or first gestation                           |                   | - Verify fetal presentation during labor  
|        |                                                                             |                   | - Generally not appropriate if a prior complete exam is not on record.                                                             |
| 76815  | Ultrasound, pregnant uterus, real time with image documentation, limited    | > 20 weeks        | - First trimester screening for Down’s syndrome  
|        | (e.g., fetal heart beat, placental location, fetal position and/or         |                   | - One per pregnancy                                                               |
|        | qualitative amniotic fluid volume) one or more fetuses.                    |                   | - Answer specific questions that require investigation;  
|        |                                                                             |                   | - Verify cardiac activity in an emergency  
|        |                                                                             |                   | - Verify fetal presentation during labor  
<p>|        |                                                                             |                   | - Generally not appropriate if a prior complete exam is not on record.                                                             |</p>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Conditions</th>
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</table>
| 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 | • 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 macrosomic fetus etc.)  
• For multiple gestations, must be performed by perinatologist |
| 76817  | Ultrasound, pregnant uterus, real time with image documentation, transvaginal                                                                                                                                 | • 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 |
<p>| 76820  | Doppler velocimetry, fetal; umbilical artery                                                                                                                                                                 | • Use only in cases with documented asymmetrical Intrauterine Growth Restriction (IUGR)/decreased Amniotic Fluid Index (AFI) |
| 76821  | Doppler velocimetry, fetal; middle cerebral artery                                                                                                                                                            | • Determine fetus at risk for anemia (e.g. red blood cell isoimmunization, parvovirus infection, etc); hydrops |</p>
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<th>Code</th>
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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>
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- Show a potential defect noted in the original ultrasound (76805 or 76811)
- Determine a high risk of a potential heart defect (congenital history parent or sibling, abnormal screen);
- 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 or Trisomy 18 or 13
- Determine presence of abnormal nuchal fold
- Conduct abnormal serum screening or increased risks for Down’s Syndrome
- In vitro fertilization (IVF)
- Monochorionic twin pregnancy
- Multiple gestation with suspicion of twin-twin transfusion syndrome
- Autoimmune antibodies associated with congenital cardiac anomalies [anti-Ro
<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Indications</th>
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<tr>
<td>76826</td>
<td>Follow up study; fetal echocardiography</td>
<td>* Conduct follow-up study when 76825 is abnormal earlier in the pregnancy and the F/U scan will alter or affect the treatment plan.</td>
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</tbody>
</table>
| 76827  | Doppler echocardiography fetal, pulsed wave and/or continuous wave with spectral display; complete | * 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 the treatment plan                                                                            |
| 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 APPROVED INDICATIONS 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.                                                                                           |

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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


### PROTOCOL HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
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