MEDICAL REVIEW GUIDELINES

Ultrasound in Pregnancy

Adopted by Medical Care Management Committee on February 16, 2012 Revised Date: September 18, 2022
Reviewed Date: September 18, 2023
MCMC Approval Date: September 21, 2023

COMMUNITY HEALTH CHOICE
COMMUNITY CARES.

Title: Ultrasound in Pregnancy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

APPLIES TO:

☒ STAR
☒ Health Insurance Marketplace
☐ STAR+PLUS
☒ CHIP-Perinate (CHIP-P)
☒ Medicare Advantage (i.e., D-SNP)

PURPOSE:

Community will provide coverage for obstetric/fetal imaging in accordance with the medical criteria and guidelines discussed below. The goal of Community in adopting these guidelines is not to disrupt the physician-patient relationship, nor to diminish physician autonomy. Instead, it is to promote patient safety and improved clinical outcomes through the adherence of evidence-based practices.

This policy applies to the following tests

OB ULTRASOUNDS

Community Health Choice covers two (2) prenatal ultrasounds for evaluation of the pregnancy per member, per pregnancy without prior authorization. Additional prenatal ultrasounds for fetal and maternal evaluation or follow-up of suspected abnormality require an appropriate medical diagnosis and prior authorization. Ultrasounds performed as part of a fetal nuchal translucency assessment (see below) and the second trimester anatomy scan (including target ultrasound 76811/76812) are NOT counted as part of the two ultrasounds limitation.

Prior authorization requirements for OB ultrasounds and other perinatal testing do not apply to participating (i.e., in network) Maternal Fetal Medicine Specialists unless otherwise specified.

Please note: this Guideline and its prior authorization requirements DO APPLY to a facility or clinic that uses a maternal/fetal medicine provider to simply review and/or perform STANDARD ultrasounds.

Community does not cover an obstetrical ultrasound examination performed solely to determine gender or to provide photographic representation of the fetus, because it is considered not medically necessary for the management of the pregnancy.

Notably, Community does not cover a subsequent ultrasound performed to complete a previously performed incomplete ultrasound. It is our expectation that the provider recalls the patient and completes the study without additional billing as a complete exam had been previously billed.

Community does not cover either three-dimensional (3D) or four-dimensional (4D) obstetrical ultrasonography because each is considered experimental, investigational or unproven. The ultimate impact of 3D and 4D ultrasound as new diagnostic imaging technologies is difficult to characterize due to the rapidly changing technological advances in the medical imaging industry. Potential areas of promise include fetal facial anomalies, neural tube defects, and skeletal malformations where 3D ultrasonography may be helpful in diagnosis as an adjunct to, but not a replacement for, 2D ultrasonography. Although 3D ultrasound may provide additional diagnostic information, there is no evidence that it alters the clinical management over standard 2D ultrasound. There is also a lack of data demonstrating the impact on clinical outcomes. The impact of 4D ultrasound scanning on the diagnosis and management of fetal abnormalities has also not been demonstrated.

An ultrasound should not be performed for the sole reason of viewing the fetus, obtaining a picture of the fetus, or identifying the sex of the fetus,

Also note that ultrasound imaging may need to be repeated more frequently in obese women (depends on size of abdomen and difficulty evaluating the fetus).

Authorization is not required for obstetric ultrasounds performed in the emergency department, outpatient observation unit, or inpatient hospital setting.

High Risk Pregnancies

- Most high-risk pregnancies will require additional ultrasounds. Community covers all medically indicated ultrasounds.
- High risk pregnancy is defined as one in which some condition (whether maternal or fetal) puts the mother, the developing fetus or both at a higher-than-normal risk for complications during or after the pregnancy and birth.
- Prior authorization requirements for OB ultrasounds and other perinatal testing, unless otherwise indicated in this policy, do not apply to participating (i.e., in network) Maternal Fetal Medicine Specialists (MFMs).

STANDARD (LEVEL 1) ULTRASOUNDS (CPT codes 76801, 76802, 76805, 76810)

See glossary for description of CPT codes for OB ultrasounds.

Note that CPT codes 76802 and 76810 are used for each additional gestation. These should be listed in addition to the code for the primary procedure.

If a provider has exceeded the two (2) ultrasounds limitation (does not include the second trimester anatomy scan and the fetal nuchal translucency scan) that do not require prior authorization and then wishes to perform an additional ultrasound, that ultrasound is only considered medically necessary when it is shown to improve the outcome of the pregnancy or change the current treatment plan.

CLINICAL INDICATIONS ***for 76801/76802***—transabdominal approach in first trimester (<14 weeks):

Adjunct to chorionic villus sampling,
Assessment of certain fetal anomalies, such as anencephaly in patients at high risk
Determination/Confirmation of gestational age
Documentation of an intrauterine pregnancy
Documentation of fetal cardiac activity
Documentation of multifetal gestation
Localization and removal of an intrauterine device
Pelvic pain
Survey for maternal pelvic or adnexal masses or uterine abnormalities

Suspected ectopic pregnancy.
Suspected hydatidiform mole.
Suspected miscarriage (spontaneous abortion), incomplete abortion, or fetal demise.
Suspected retained products of conception.

CLINICAL INDICATIONS ***for 76805/76810—***transabdominal approach > or = 14 weeks
76815, 76816—transabdominal approach—follow-up

General
Adjunct to amniocentesis or other procedure.
Adjunct to cervical cerclage placement.
Estimation of gestational age.
Evaluation of fetal anatomy.
Evaluation of suspected multiple gestation.
Hydatidiform mole follow-up needed after evacuation.
Suspected ectopic pregnancy.
Suspected fetal demise.
Suspected hydatidiform mole or follow-up after evacuation.
Suspected miscarriage (spontaneous abortion), incomplete abortion.
Suspected uterine anomalies.

Fetal growth evaluation
Discordant fetal growth in multifetal gestation.
Fundal height greater than expected for gestational age (A discrepancy between weeks of gestational age and fundal height measurement of 3 or greater).
Fundal height less than expected for gestational age (A discrepancy between weeks of gestational age and fundal height measurement of 3 or greater has been proposed for identifying a fetus that may be growth restricted).
Known intrauterine growth restriction.

Fetal abnormalities
Abnormal fetal cardiac finding on screening ultrasound.
Abnormal fetal heart rate or rhythm.
Aneuploidy, known or suspected (eg, increased nuchal translucency on fetal ultrasound, trisomy 13, trisomy 18, etc.).
Breech or other malpresentation (pregnancy at 36 weeks or greater).
Decreased fetal movements or suspected fetal demise.
Fetal anomaly found on previous ultrasound (eg, neural tube defect, gastroschisis, echogenic bowel, echogenic cardiac focus, pyelectasis, etc.).
Oligohydramnios refers to less than the minimum amount of amniotic fluid volume expected for gestational age (defined as either the amniotic fluid index [AFI] of 5cm or less OR a single deepest pocket [SDP] of less than 2cm.

Polyhydramnios refers to an excessive volume of amniotic fluid defined as an AFI of 24cm or greater OR an SDP of 8 cm or more)

Maternal complications or comorbidity
Autoimmune disease (e.g., systemic lupus erythematosus).
Chronic renal disease.
Cyanotic cardiac disease.
Gestational diabetes mellitus (poorly controlled or medically treated).
Hyperemesis gravidarum.
Hypertensive disorders (chronic hypertension, gestational hypertension, preeclampsia).
Infectious diseases (ex. rubella, toxoplasmosis, syphilis, malaria, cytomegalovirus, etc.).
Pregestational diabetes mellitus (had diabetes prior to pregnancy).
Pelvic mass.

TARGETED or DETAILED (also known as LEVEL II) ULTRASOUNDS

Ultrasound CPT codes **76811** and **76812**, generally referred to as a targeted or detailed ultrasounds (previously called Level II ultrasounds), are defined as:

"*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation*" ([76812] "*each additional gestation*")

Community's position on the billing of these CPT codes has been established using industry accepted resources and guidelines as set forth during the development of this code through the joint cooperation of the American Institute of Ultrasound and Medicine (AIUM), the American College of Ob/Gyn (ACOG), American College of Radiology (ACR), and the Society for Maternal-Fetal Medicine (SMFM).

- ***Physician Should have Special Training:*** This ultrasound should be performed by a physician trained in maternal fetal medicine or radiologists with special expertise in fetal imaging. Prior authorization requirements do not apply to participating (i.e., in network) Maternal Fetal Medicine Specialists. Community does not reimburse generalist OB/Gyns for this detailed ultrasound.

- The responsibility for information in the sonogram and interpretation of the image rests with the physician. Only properly trained physicians should use this code, irrespective of the sonographer's training or experience. Utilization of this code should be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies.

- ***Cannot be used as a Screening Tool:*** The CPT 76811 ultrasound cannot be used as a screening tool or a routine scan for all pregnancies. There must be a "known or suspected: fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.…) or other increased risk for fetal abnormality in order to perform this upper-level scan.

- ***Should be no Repeat Usage:*** Only one medically indicated CPT 76811 per pregnancy, per practice is considered appropriate. A second scan should not be performed unless there are extenuating circumstances with a new diagnosis or required on an initial encounter with new maternal fetal medicine specialist. Examples where a second scan might be necessary are when a patient is seen by another maternal-fetal medicine specialist practice for a second opinion, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

- ***Follow up Ultrasounds:*** A follow up ultrasound (after an initial CPT 76811 has been performed) should be CPT 76816. CPT 76816 is used when a focused assessment of fetal size (by measuring the BPD, femur length, abdominal and head circumferences) or other appropriate measurements or when a re-examination of a specific organ or system known or suspected to be abnormal is performed.

- ***Documentation for the Code Must Include:***
  - Abnormality and medical indication for the ultrasound
  - Written documentation of each component of the exam
  - Preparation of a comprehensive report for the medical record signed by the physician

NUCHAL TRANSLUCENCY (NT) cpt 76813, 76814

Nuchal translucency refers to the fluid-filled space measured on the posterior aspect of the fetal neck between weeks 11 and 13 6/7 weeks of gestation. Measuring fetal nuchal translucency thickness by ultrasound (CPT codes **76813**, **76814**) is a prenatal first trimester screening procedure for singleton and twin pregnancies to assess the risk of a child having a number of chromosomal abnormalities and congenital defects.

- The best interpretation of NT is when the measurement is combined with maternal age and first trimester serum analyte tests [include pregnancy-associated plasma protein A (PAPP-A) plus beta-human chorionic gonadotropin (hCG)]. This is called the combined first trimester NT screening

- This combined first trimester nuchal translucency screening is a screening test particularly for fetal Down Syndrome (trisomy 21) but can also be used to screen for Edwards Syndrome (trisomy 18).

- The fetal nuchal translucency thickness ultrasound and the maternal serum markers may not necessarily be performed on the same day or by the same provider. In these cases, the fetal nuchal translucency thickness study in the first trimester is eligible when performed in conjunction with and no longer than 7 days before or after the maternal serum markers. Additionally, the patient should be adequately counseled prior to the procedure. This documentation is maintained in the provider's records.
- Repeat testing during the course of the pregnancy is not recommended.
- Note that Trisomy 21 (Down Syndrome) is the most common aneuploidy associated with increased NT. However, trisomy 13 (Patau syndrome), trisomy 18 (Edward syndrome), monosomy X (Turner syndrome), and triploidy are also found with increased frequency among fetuses with increased NT.

TRANSVAGINAL ULTRASOUND cpt 76817

Transvaginal ultrasounds (TVU) are medically necessary for a number of indications.

A transvaginal ultrasound can be performed in the first trimester for the same indications as 76801 or later in pregnancy to assess cervical length or location of the placenta in women with placenta previa.

If transvaginal ultrasound is requested to screen for cervical length with a history of spontaneous preterm birth, the following parameters need to be met for medical necessity for singleton pregnancies. For multiple gestation, send for medical director review.

Transvaginal ultrasound (TVU) Cervical Length for Screening Singleton Pregnancies

Past Pregnancy History	TVU cervical length screening	Frequency	Maximum # of TVUs
Prior preterm birth 14 to 27 weeks	Start at 14 weeks and end at 24 weeks	Every 2 weeks as long as cervix is at least 30mm*	6
Prior preterm birth 28 to 36 weeks	Start at 16 weeks and end at 24 weeks	Every 2 weeks as long as cervix is at least 30 mm*	5
No prior preterm birth	One exam between 18 and 24 weeks	Once	1

*Increase frequency to weekly in women with TVU cervical length of 25 to 29mm.

If cervical length is less than 25mm, then other interventions need to be done (progesterone/cerclage) and no additional cervical length measurements are indicated.

FETAL ECHOCARDIOGRAPHY cpt codes 76825, 76826, 76827, 76828

ALL requests (including by in network providers) require prior authorization

Performed by MFMs, Pediatric cardiologists and radiologists with special expertise in fetal imaging

Indications for fetal echocardiography are often based on a variety of parental and fetal risk factors for congenital heart disease. However, most cases are not associated with known risk factors. There are multiple maternal and fetal conditions that would indicate the need for this test.

Fetal factors:

- Abnormality of umbilical cord and venous system (ex. single umbilical artery, agenesis of the ductus venosus, etc.)
- Increased nuchal translucency on first trimester screening
- Known or suspected chromosomal abnormality
- Monochorionic twinning
- Nonimmune Hydrops Fetalis and Effusions
- Presence of noncardiac abnormality (ex. CNS, respiratory, GI, GU, musculoskeletal) The incidence of CHD in the presence of ≥1 extracardiac malformations is estimated to be 20% to 45%, depending on the population studied, the type of malformation, and the gestational age at which ultrasound screening was performed
- Rhythm abnormalities (tachycardia, bradycardia, cardiac heart block, irregular rhythm)
- Suspected cardiac abnormality on obstetric ultrasound

Maternal Factors:

- Pregestational diabetes mellitus
- Diabetes mellitus diagnosed in the first trimester
- Maternal phenylketonuria (uncontrolled)
- Maternal autoantibodies (Autoimmune disorders (e.g. collagen vascular disease, systemic lupus erythematosus, Sjogren's syndrome, etc.)

- Medication exposure (anticonvulsants, lithium, angiotensin-converting enzyme inhibitors, retinoic acid, paroxetine, NSAIDS, etc.)
- Maternal infection (rubella, etc.)
- Maternal infection with suspicion of fetal myocarditis
- Assisted reproduction technology

Family history factors:

- Familial syndromes (Ellis-van Creveld, Marfan, Noonan's, etc.)
- Others to be sent for MDR

BIOPHYSICAL PROFILE (BPP) or NON-STRESS TEST (NST)

76818 BPP **with** NST
76819 BPP
59025 NST

- BPP and NST testing are also known as antepartum fetal surveillance testing. This testing is done to reduce the risk of stillbirth.
- BPP is an ultrasound that is performed to evaluate the fetus for signs of compromise. A BPP is usually performed weekly.
- Although NST is not perform via ultrasound, it is also used to evaluate the fetus for signs of compromise but by monitoring the fetal heart rate tracing which is why it is listed in this section. NSTs are usually performed twice a week.
- These tests are usually performed at an estimated gestational age (EGA) of greater than or equal to 32 weeks. Note: Usually antepartum fetal testing is performed no earlier than 32 0/7 weeks of gestation, however in pregnancies with multiple gestations or particularly worrisome high-risk conditions (eg, chronic hypertension with suspected fetal growth restriction and others), testing may begin at a gestational age when delivery would be considered for perinatal benefit.
- The number of tests requested is based on the delivery date. Although in many high-risk conditions delivery is scheduled for earlier than 40 weeks, for the purpose of this guideline, 40 weeks will be used to determine the number of tests (BPPs/NSTs) that can be approved (otherwise send for medical director review).
    - At 32 weeks (to term), the number of BPPs requested should be 8 or less
    - At 32 weeks (to term), the number of NSTs requested should be 16 or less.

INDICATIONS FOR ANTEPARTUM FETAL SURVEILLANCE TESTING

Maternal conditions

- Antiphospholipid syndrome
- Chronic renal disease (Cr greater than 1.4mg/dL)
- Cyanotic heart disease
- Hemoglobinopathies (sickle cell disease, sickle cell–hemoglobin C, or sickle cell-thalassemia disease)
- Hypertension, chronic (controlled with medication or poorly controlled)
- Pregestational diabetes mellitus
- Systemic lupus erythematosus
- Thyroid disorders (poorly controlled)

Pregnancy-related conditions

- Decreased fetal movement
- Gestational diabetes mellitus (poorly controlled or medically treated) *Note: this does not include diet controlled GDM*
- Gestational hypertension or Preeclampsia/eclampsia
- Intrauterine fetal growth restriction (Estimated fetal weight of less than 10th percentile) Isoimmunization
- Multiple gestation with significant growth discrepancy of greater than 20%
- Oligohydramnios: less than the minimum amount of amniotic fluid volume expected for gestational age defined as either the amniotic fluid index [AFI] of 5cm or less OR a single deepest pocket [SDP] of less than 2cm)
- Polyhydramnios is excessive volume of amniotic fluid defined as an AFI of 24cm or greater OR a SDP of 8 cm or more
- Post-term/late term pregnancy (41 weeks or greater)
- Previous abnormal nonstress test or BPP
- Previous fetal demise (unexplained or recurrent risk)
- Unexplained third trimester vaginal bleeding

- In the absence of other risks factors for stillbirth, there is insufficient evidence to recommend routine antenatal fetal surveillance for the isolated indication of maternal age of 35 years or older.
- It is unknown if antenatal testing can reduce the incidence of fetal demise or fetal injury in pregnancies with these risk factors (ex. obesity or abnormalities in first- and second-trimester maternal biochemical trisomy 21 (Down syndrome) screening results). The use of testing is decided on a case-by-case basis.

FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY cpt 76820

Performed only by maternal fetal medicine (MFM) specialist (or radiologist with specialty training in fetal imaging)

Participating (i.e., in network) MFMs do not require prior authorization

Community does not reimburse generalist OB/Gyns for this testing.

This testing is performed in pregnancies diagnosed with intrauterine growth restriction (IUGR)

Fetal umbilical artery doppler is used in surveillance of fetal well-being usually in conjunction with other antenatal surveillance methods such as BPPs, NSTs or both.

There is no evidence that umbilical artery doppler velocimetry provides information about fetal well-being in the fetus with normal growth.

FETAL MIDDLE CEREBRAL ARTERY DOPPLER cpt code 76821

The use of this modality is for assessment of fetal anemia and its sequelae.

It is to be only performed by maternal fetal medicine specialists (WITH prior authorization)

It is usually used in any condition that will result in fetal anemia:

- Alloimmunization of pregnancy
- Twin to twin transfusion (TTTS)
- Twin anemia polycythemia sequence (TAPS)
- Non-immune hydrops fetalis

VASCULAR STUDY (UTERINE ARTERY) cpt code 93976

*__ALL__ requests should be sent to the Medical Directors for review

*Prior authorization is required for ALL requests

The evidence does NOT support use of this study in any particular group of patients at this time, including its use for prediction of preeclampsia or evaluation of intrauterine growth restriction pregnancies.

GLOSSARY

CPT code	***Description of OB Ultrasounds***
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (less than 14 weeks 0 days), transabdominal approach; single or first gestation
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (less than 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure performed)
76805	Ultrasound, pregnant uterus, real time with image documentation; (fetal and maternal evaluation), after first trimester (greater than or equal to 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation; (fetal and maternal evaluation), after first trimester (greater than or equal to 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position AND/OR qualitative amniotic fluid volume), one or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation 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
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal

REFERENCES:

©2014 by the American Institute of Ultrasound in Medicine | J Ultrasound Med 2014; 33:189–195 | 0278-4297 Consensus Report on the Detailed Fetal Anatomic Ultrasound Examination: Indications, Components, and Qualifications 76811 Task Force

The American Institute for Ultrasound in Medicine (AIUM) Official Statements: Training Guidelines for Physicians Who Evaluate and interpret Diagnostic Detailed Fetal Anatomic Ultrasound Examinations

The American Institute for Ultrasound in Medicine (AIUM) Official Statement: Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy

Fetal Growth Restriction. ACOG Practice Bulletin, No. 227. American College of Obstetricians and Gynecologists (ACOG). Obstet Gynecol 2021;137(4):p 754.

Antepartum fetal surveillance. ACOG Practice Bulletin No. 229. American College of Obstetricians and Gynecologists (ACOG). Obstet Gynecol 2021;137: e116–27.

American College of Obstetricians and Gynecologists (ACOG) Committee Opinion: 828 Indications for Outpatient Antenatal Fetal Surveillance Obstet Gynecol 2021; 137(4): e177-97

UpToDate: Early pregnancy prediction of preeclampsia
Fetal growth restriction: Screening and diagnosis
Fetal growth restriction: Evaluation
Overview of antepartum Fetal Assessment
Short cervix before 24 weeks: Screening and management in singleton pregnancies