



CLINICAL MEDICAL POLICY	
Policy Name:	Obstetrical Ultrasound
Policy Number:	MP-132-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	11/01/2024
Effective Date:	12/01/2024
Next Annual Review:	08/2025
Implementation Date:	08/21/2024
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 8

Policy History

Date	Action
12/01/2024	Provider Effective date
08/21/2024	QI/UM Committee review
08/21/2024	Policy initially developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary obstetrical ultrasounds performed during pregnancy. This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Pregnancy Trimesters -

- **First trimester** (first day of last menstrual period to 13 weeks and 6 days): The time when fertilization and major organ development occurs.
- **Second trimester** (14 weeks and 0 days to 27 weeks and 6 days): The time of rapid growth and development.
- **Third trimester** (28 weeks and 0 days to 40 weeks and 6 days): The time when the fetus's weight increases and the organs mature so they will be ready to function after birth.

Standard Ultrasound - checks the fetus's physical development, screens for major congenital anomalies, and estimates gestational age. A standard ultrasound exam also can provide information about the fetus's position, movement, breathing, and heart rate; an estimate of the fetus's size and weight; the amount of amniotic fluid in the uterus; the location of the placenta and the number of fetuses.

Detailed Anatomic Ultrasound - a prenatal ultrasound performed between 18 and 22 weeks of pregnancy that checks on the physical development of the fetus and can detect certain congenital disorders as well as major anatomical abnormalities. The healthcare provider will take measurements to ensure the fetus is growing appropriately for its age.

Transvaginal Ultrasound - A procedure used to examine the vagina, uterus, fallopian tubes, ovaries, and bladder. An instrument is inserted into the vagina that causes sound waves to bounce off organs inside the pelvis.

Procedures

1. The following obstetrical ultrasounds are considered medically necessary under the following conditions:
 - A. ONE standard first trimester ultrasound (CPT codes 76801, 76802) is allowed per pregnancy when ANY of the following conditions exist (according to the American College of Radiology, 2018):
 - 1) Confirmation of the presence of an intrauterine pregnancy; OR
 - 2) Confirmation of fetal cardiac activity; OR
 - 3) Estimation of gestational age; OR
 - 4) Diagnosis or evaluation of multiple gestations, including determination of chronicity; OR
 - 5) Evaluation of a suspected ectopic pregnancy; OR
 - 6) Evaluation of the cause of vaginal bleeding; OR
 - 7) Evaluation of pelvic pain; OR
 - 8) Evaluation of suspected gestational trophoblastic disease; OR
 - 9) Assessment of fetal anomalies, such as anencephaly ; OR
 - 10) Measurement of the nuchal translucency when part of a screening program for fetal aneuploidy; OR
 - 11) Imaging as an adjunct to chorionic villus sampling, embryo transfer, and localization and removal of an intrauterine device; OR
 - 12) Evaluation of maternal pelvic masses and/or uterine abnormalities.

- B. ONE standard second or third trimester ultrasound (CPT code 76805, 76810) is allowed per pregnancy when ANY of the following conditions exist (according to the American College of Radiology, 2018):
- 1) Screening for fetal anomalies; OR
 - 2) Evaluation of fetal anatomy; OR
 - 3) Estimation of gestational age; OR
 - 4) Evaluation of suspected multiple gestation; OR
 - 5) Evaluation of cervical length; OR
 - 6) Evaluation of fetal growth; OR
 - 7) Evaluation of significant discrepancy between uterine size and clinical dates; OR
 - 8) Determination of fetal presentation; OR
 - 9) Evaluation of fetal well-being; OR
 - 10) Suspected amniotic fluid abnormalities; OR
 - 11) Evaluation of premature rupture of membranes and/or premature labor; OR
 - 12) Evaluation of vaginal bleeding; OR
 - 13) Evaluation of abdominal or pelvic pain; OR
 - 14) Suspected placental abruption; OR
 - 15) Suspected fetal death; OR
 - 16) Follow-up evaluation of fetal anomaly; OR
 - 17) Evaluation/follow-up of placental appearance and location, including suspected placenta previa, vasa previa, and abnormally adherent placenta; OR
 - 18) Adjunct to amniocentesis or other procedures; OR
 - 19) Adjunct to external cephalic version; OR
 - 20) Evaluation of suspected gestational trophoblastic disease; OR
 - 21) Evaluation of pelvic mass; OR
 - 22) Suspected uterine anomalies.
- C. ONE detailed anatomic ultrasound (CPT code 76811, 76812) is allowed per pregnancy. This ultrasound must be billed with any one of the high-risk pregnancy diagnosis codes listed under the 'Coding Requirements' section below. This ultrasound may be performed for ANY of the following:
- 1) To evaluate for suspected anomalies based on history, abnormal lab results, or clinical evaluation; OR
 - 2) When there are suspicious results from a limited or standard ultrasound; OR
 - 3) There is a possibility of fetal growth restriction and multifetal gestation.
- D. Transvaginal ultrasounds (TVU) (CPT code 76817) can be performed in the first trimester or later in the pregnancy to evaluate cervical length and/or the position of the placenta.
2. When obstetrical ultrasound services are not considered medically necessary:
- Subsequent standard first, second, or third trimester ultrasounds, as a limited or follow-up ultrasound assessment (CPT codes 76815 or 76816) is considered sufficient to provide re-examination of concerns.
 - Further anatomic ultrasounds because there is little to no clinical evidence of the need for multiple detailed fetal anatomic examinations
 - 3D and 4D ultrasounds
 - Ultrasounds performed to solely determine the sex of the fetus or for keepsake photos of the fetus
 - Scans for growth evaluation performed less than two (2) weeks apart
 - Ultrasound to confirm pregnancy is the absence of other indications

- A follow-up ultrasound in the first trimester in the absence of pain or bleeding
3. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
 4. Place of Service
The proper place of service for obstetrical ultrasound is outpatient.

Governing Bodies Approval

FDA

Ultrasound is the most widely used medical imaging method for viewing a fetus during a pregnancy. Ultrasounds provide parents with a great opportunity to view and hear the heartbeat of the fetus. In fetal ultrasound, three-dimensional (3-D) ultrasound allows visualization of some facial features and other body parts. Four-dimensional (4-D) is 3-D ultrasound in motion. While ultrasound is generally considered to be safe with very low risks, the risks may increase with unnecessary prolonged exposure to ultrasound energy, or when untrained users operate the device (FDA, 2024).

Coding Requirements

Procedure Codes

CPT Code	Description
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 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 (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
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
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 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)
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal

Non-covered Procedure Codes

These procedure codes will not be reimbursed without Medical Director approval.

CPT Code	Description
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
76499	Unlisted diagnostic radiographic procedure

Diagnosis Codes

ICD-10 Code	Description
A92.5	Zika virus disease
A92.8	Other specified mosquito-borne viral fevers
B06.00-B06.9	Rubella [German measles]
B50.0-B54	Malaria
B97.6	Parvovirus as the cause of diseases classified elsewhere
E66.01	Morbid (severe) obesity due to excess calories [obesity with a BMI of 30 or >]
O09.511-O09.519	Supervision of elderly primigravida
O09.521-O09.529	Supervision of elderly multigravida
O09.811-O09.819	Supervision of pregnancy resulting from assisted reproductive technology
O24.011-O24.019	Preexisting diabetes mellitus, type 1, in pregnancy
O24.111-O24.119	Preexisting diabetes mellitus, type 2, in pregnancy
O24.311-O24.319	Unspecified preexisting diabetes mellitus in pregnancy
O24.811-O24.819	Other preexisting diabetes mellitus in pregnancy
O24.911-O24.919	Unspecified diabetes mellitus in pregnancy
O28.3	Abnormal ultrasonic finding on antenatal screening of mother
O28.4	Abnormal radiologic finding on antenatal screening of mother
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O28.8	Other abnormal findings on antenatal screening of mother
O28.9	Unspecified abnormal findings on antenatal screening of mother
O30.001 - O30.099	Twin pregnancy

O30.101 - O30.199	Triplet pregnancy
O30.201 - O30.299	Quadruplet pregnancy
O30.801 - O30.899	Other specified multiple gestation
O31.10X0- O31.23X9	Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more
O33.6XX0- O33.6XX9	Maternal care for disproportion due to hydrocephalic fetus
O33.7XX0- O33.7XX9	Maternal care for disproportion due to other fetal deformities
O35.00X0- O35.09X9	Maternal care for (suspected) central nervous system malformation in fetus
O35.10X0- O35.19X9	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified
O35.AXX0- O35.AXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies
O35.BXX0- O35.BXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies
O35.CXX0- O35.CXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies
O35.DXX0- O35.DXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies
O35.EXX0- O35.EXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies
O35.FXX0- O35.FXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk
O35.GXX0- O35.GXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies
O35.HXX0- O35.HXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies
O35.2XX0- O35.2XX9	Maternal care for (suspected) hereditary disease in fetus
O35.3XX0- O35.3XX9	Maternal care for (suspected) damage to fetus from viral disease in mother
O35.4XX0- O35.4XX9	Maternal care for (suspected) damage to fetus from alcohol
O35.5XX0- O35.5XX9	Maternal care for (suspected) damage to fetus by drugs
O35.6XX0- O35.6XX9	Maternal care for (suspected) damage to fetus by radiation
O35.8XX0- O35.8XX9	Maternal care for other (suspected) fetal abnormality and damage (includes arrhythmias)
O35.9XX0- O35.9XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified

O36.0110- O36.0999	Maternal care for rhesus isoimmunization
O36.1110- O36.1999	Maternal care for other isoimmunization
O36.5110- O36.5999	Maternal care for other known or suspected poor fetal growth
O40.1XX0- O40.9XX9	Polyhydramnios
O41.00X0- O41.03X9	Oligohydramnios
O41.8X20- O41.8X99	Other specified disorders of amniotic fluid and membranes, second trimester
O41.90X0- 41.93X9	Disorder of amniotic fluid and membranes, unspecified
O43.892- O43.899	Other placental disorders (includes cord disorders)
O69.81X0- O69.89X9	Labor and delivery complicated by other cord complications
O71.9	Obstetric trauma, unspecified
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O98.111- O98.119	Syphilis complicating pregnancy
O98.311- O98.319	Other infections with a predominantly sexual mode of transmission complicating pregnancy
O98.411- O98.419	Viral hepatitis complicating pregnancy
O98.511- O98.519	Other viral diseases complicating pregnancy
O98.611- O98.619	Protozoal diseases complicating pregnancy
O98.711- O98.719	Human immunodeficiency virus (HIV) disease complicating pregnancy
O98.811- O98.819	Other maternal infectious and parasitic diseases complicating pregnancy
O99.210- O99.213	Obesity complicating pregnancy
O99.310- O99.313	Alcohol use complicating pregnancy
O99.320- O99.323	Drug use complicating pregnancy
O99.411- O99.419	Diseases of the circulatory system complicating pregnancy
O99.891	Other specified diseases and conditions complicating pregnancy
O99.892	Other specified diseases and conditions complicating childbirth
O99.893	Other specified diseases and conditions complicating puerperium
P35.4	Congenital Zika virus disease
Q04.8	Other specified congenital malformations of brain [choroid plexus cyst]

Q27.0	Congenital absence and hypoplasia of umbilical artery
Q30.1	Agenesis and underdevelopment of nose [absent or hypoplastic nasal bone]
Q51.3	Bicornate uterus
Q62.0	Congenital hydronephrosis [fetal pyelectasis]
Q71.811- Q71.819	Congenital shortening of upper limb [humerus]
Q72.811- Q72.819	Congenital shortening of lower limb [femur]
Q92.0-Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy]
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.89	Abnormal findings on diagnostic imaging of other specified body structures
Z03.73	Encounter for suspected fetal anomaly ruled out [pregnant women with known or suspected exposure to Zika virus]
Z20.821	Contact with and (suspected) exposure to Zika virus
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases [pregnant women with known or suspected exposure to Zika virus]
Z68.30– Z68.45	Body mass index ≥ 30 –70 kg/m ² , adult (specific code should be used based on actual body mass index)

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

U.S. Food & Drug Administration (FDA). Ultrasound Imaging. January 12, 2024. Accessed on July 30, 2024.

American College of Obstetricians and Gynecologists (ACOG). Guidelines for Diagnostic Imaging During Pregnancy and Lactation. Committee Opinion Number 723. October 2017. Accessed on July 31, 2024.

The Association for Medical Ultrasound (AIUM). Standards and Guidelines for the Accreditation of Ultrasound Practices. June 16, 2020. Accessed on July 31, 2024.

American College of Obstetricians and Gynecologists (ACOG). Ultrasound Exams. Published January 2017. Reviewed January 2024. Accessed on July 31, 2024.