



BlueCross BlueShield
of Alabama

Name of Policy:

Ultrasounds in Maternity Care

Policy #: 016

Category: Obstetrics/Radiology

Latest Review Date: May 2014

Policy Grade: A

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

Ultrasound is the transmission of high-frequency sound waves through tissues of varying densities. Piezoelectric crystals within a transducer transmit the echoes produced by the sound waves at interfaces between tissues. The transducer is a hand-held device passed over the abdominal surface. Images created by the echoes of the sound waves are transmitted from the transducer to a CRT or television monitor. The most common frequencies of sound waves used in OB/GYN ultrasound are 2-5 MHz.

Ultrasound may provide valuable information about fetal health including:

- Age of the fetus
- Rate of growth of the fetus
- Placement of the placenta
- Fetal position, movement, breathing and heart rate
- Amount of amniotic fluid in the uterus
- Number of fetuses
- Some birth defects

Policy:

Effective for dates of services on or after July 6, 2014:

Ultrasounds in maternity care meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage for normal pregnancy when **up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department.**

Appropriate use of ultrasounds for normal pregnancy would be **between 6-10 weeks'** gestation for dating purposes **and between 16-22 weeks'** gestation to determine organ development and fetal anatomy.

In some cases, the pregnancy may be considered high risk during the first two ultrasounds and the patient's condition may improve as the pregnancy progresses. In those cases, if the non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation, they should yield information regarding dating and fetal anatomy. **Additional routine ultrasounds do not meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Ultrasounds in excess of two for normal pregnancy do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage. Patients will be held harmless for these ultrasounds unless a waiver is signed by the patient for a specific ultrasound on a specific date.

Follow up ultrasound for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

The following criteria are used to determine if a non-routine ultrasound meets medical criteria for coverage:

- Ultrasounds to determine fetal growth less than or greater than gestational age should only be performed if there is a discrepancy of two or more weeks in fundal height and gestational age documented on two consecutive visits.

- When indicated, maternity ultrasounds performed for fetal growth only meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when performed at least 4 weeks apart. An exception will be made for fetuses with an estimated fetal weight (EFW) by USG of less than the 15th percentile. In those cases, obstetrical USG's for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart.
- Advanced maternal age is defined as age 35 or over
- Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table)
- Ultrasounds for decreased fetal movement would be considered medically necessary after a failed kick-count. These ultrasounds would not be medically necessary in early gestation (less than 20 weeks)
- Multiple Gestation;
 - Twins----appropriate every 4 weeks beginning at 28 weeks
 - Three or more fetuses----appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery
- Ultrasounds would be considered medically necessary on patients with diabetes mellitus which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28
- Patients on antihypertensive medication or with elevated blood pressure could have an ultrasound every 4 weeks beginning with week 28
- One ultrasound in the last month of pregnancy can be performed to verify a breech or other malpositioned fetus
- In women with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
- Follow up ultrasounds for asymptomatic placenta previa noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound.

Medical records may be audited on a post payment basis to determine if the above criteria have been met or if the diagnosis code has been reported accurately. Refunds may be requested based on the results of these audits.

The use of three-dimensional (3D) ultrasound (use of CPT codes 76376 or 76377 with 76801-76817) does not meet Blue Cross and Blue Shield of Alabama's medical Criteria for coverage and is **investigational**. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

Transvaginal and transabdominal ultrasounds performed on the same date of service do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Individual consideration will be given to cases where there is specific documentation in the patient's medical record to perform both a transvaginal and transabdominal ultrasound on the same date of service. This documentation must include:

- The suspected condition; and
- Failure of the initial ultrasound to diagnose or confirm suspicions.

Ultrasounds in maternity care do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage unless billed at the appropriate CPT code (as determined by the current CPT Standard Edition) indicated for the scan. See Key Points

A detailed or targeted anatomic examination (76811) meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage only when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination or when the mother is obese as defined by BMI of 30 or greater. See Key Points

Serial screening ultrasounds to assess for fetal anatomy and fetal organ development in patients at low risk for congenital abnormalities do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Maternity ultrasounds for cervical length assessment* meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when performed between 16 and 24 weeks gestation in patients with historical risk factors for cervical insufficiency. If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.

***Maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.**

Effective for dates of service on or after July 10, 2010 and prior to July 6, 2014:
Ultrasounds in maternity care meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage for normal pregnancy when up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department.

Appropriate use of ultrasounds for normal pregnancy would be between 6-10 weeks' gestation for dating purposes and between 16-22 weeks' gestation to determine organ development and fetal anatomy.

In some cases, the pregnancy may be considered high risk during the first two ultrasounds and the patient's condition may improve as the pregnancy progresses. In those cases, if the non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation, they should yield information regarding dating and fetal anatomy. **Additional routine ultrasounds do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.**

Ultrasounds in excess of two for normal pregnancy do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage. Patients will be held harmless for these ultrasounds unless a waiver is signed by the patient for a specific ultrasound on a specific date.

Follow up ultrasound for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

The following criteria are used to determine if a non-routine ultrasound meets medical criteria for coverage:

- Ultrasounds to determine fetal growth less than or greater than gestational age should only be performed if there is a discrepancy of two or more weeks in fundal height and gestational age documented on two consecutive visits.
- When indicated, maternity ultrasounds performed for fetal growth only meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when performed at least 4 weeks apart. An exception will be made for fetuses with an estimated fetal weight (EFW) by USG of less than the 15th percentile. In those cases, obstetrical USG's for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart.
- Advanced maternal age is defined as age 35 or over
- Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table)
- Ultrasounds for decreased fetal movement would be considered medically necessary after a failed kick-count. These ultrasounds would not be medically necessary in early gestation (less than 20 weeks)
- Multiple Gestation;
 - Twins----appropriate every 4 weeks beginning at 28 weeks
 - Three or more fetuses----appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery
- Ultrasounds would be considered medically necessary on patients with diabetes mellitus which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28
- Patients on antihypertensive medication or with elevated blood pressure could have an ultrasound every 4 weeks beginning with week 28
- One ultrasound in the last month of pregnancy can be performed to verify a breech or other malpositioned fetus
- In women with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
- Follow up ultrasounds for asymptomatic placenta previa noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound.

Medical records may be audited on a post payment basis to determine if the above criteria have been met or if the diagnosis code has been reported accurately. Refunds may be requested based on the results of these audits.

The use of three-dimensional (3D) ultrasound (use of CPT codes 76376 or 76377 with 76801-76817) does not meet Blue Cross and Blue Shield of Alabama's medical Criteria for coverage and is investigational. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

Transvaginal and transabdominal ultrasounds performed on the same date of service do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Individual consideration will be given to cases where there is specific documentation in the patient's medical record to perform both a transvaginal and transabdominal ultrasound on the same date of service. This documentation must include:

- The suspected condition; and
- Failure of the initial ultrasound to diagnose or confirm suspicions.

Ultrasounds in maternity care do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage **unless billed at the appropriate CPT code (as determined by the current CPT Standard Edition) indicated for the scan. See Key Points**

A detailed or targeted anatomic examination (76811) meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage **only when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination. See Key Points**

Serial screening ultrasounds to assess for fetal anatomy and fetal organ development in patients at low risk for congenital abnormalities do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Maternity ultrasounds for cervical length assessment meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when performed **between 16 and 24 weeks gestation in patients with historical risk factors for cervical insufficiency. If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.**

***Maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor do not meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Effective for services rendered November 1, 2001 through July 9, 2010:

Ultrasounds will no longer be included in the global maternity fee.

Ultrasounds in maternity care meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage for normal pregnancy when up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department. Appropriate use of ultrasounds for normal pregnancy would be between 6-10 weeks' gestation for dating purposes and between 16-22 weeks' gestation to determine organ development and fetal anatomy.

In some cases, the pregnancy may be considered high risk during the first two ultrasounds and the patient's condition may improve as the pregnancy progresses. In those cases, if the non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation, they should

yield information regarding dating and fetal anatomy. Additional routine ultrasounds do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Ultrasounds in excess of two for normal pregnancy do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage. Patients will be held harmless for these ultrasounds unless a waiver is signed by the patient for a specific ultrasound on a specific date.

Follow up ultrasound may be indicated for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy.

The following criteria will be used to determine if a non-routine ultrasound will be considered to meet medical criteria for coverage: **(Effective for dates of service on or after 04/05/08)**

- Ultrasounds to determine fetal growth less than or greater than gestational age should only be performed if there is a discrepancy of two or more weeks in fundal height and gestational age documented on two consecutive visits
- Advanced maternal age is defined as age 35 or over
- Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table)
- Ultrasounds for decreased fetal movement would be considered medically necessary after a failed kick-count. These ultrasounds would not be medically necessary in early gestation (less than 20 weeks)
- Multiple Gestation;
 - Twins----appropriate every 4 weeks beginning at 28 weeks
 - Three or more fetuses----appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery
- Ultrasounds would be considered medically necessary on patients with insulin dependent diabetes mellitus which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28
- Patients on antihypertensive medication or with elevated blood pressure could have an ultrasound every 4 weeks beginning with week 28
- One ultrasound in the last month of pregnancy can be performed to verify a breech or other malpositioned fetus
- In women with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
- Follow up ultrasounds for asymptomatic placenta previa noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound. Low lying placenta would not require a follow up scan unless symptomatic

See Policy #231 for Fetal Echography

See Policy #232 for Fetal Biophysical Profile

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama

administers benefits based on the member's contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

ACOG Practice Bulletin, Number 9, October 1999 includes the following statement regarding antepartum fetal surveillance:

“The goal of antepartum fetal surveillance is to prevent fetal death. Antepartum fetal surveillance techniques based on assessment of fetal heart rate patterns have been used in clinical use for almost three decades. More recently, real-time ultrasonography and Doppler velocimetry have been used to evaluate fetal well-being. Antepartum fetal surveillance techniques are now routinely used to assess the risk of fetal death in pregnancies complicated by preexisting maternal conditions (e.g., Type 1 diabetes mellitus) as well as those in which complications have developed (e.g., intrauterine growth restriction).” Routine ultrasound screening before 24 weeks’ gestation leads to earlier diagnosis of multiple pregnancies and is associated with fewer inductions of labor for “post-term” pregnancy. Routine ultrasounds screening before 24 weeks’ gestation reduces perinatal mortality if detection of fetal malformation is an important objective and there is a high level of diagnostic expertise. No definitive evidence has been found that ultrasound after 24 weeks in low risk patients benefits mother or baby. Ultrasound screening in early gestation results in more accurate gestational dating.

It is estimated that physical trauma complicated approximately one in every 12 pregnancies, with motor vehicle crashes being the most significant contributor to fetal death due to trauma. Ultrasounds are useful tools in determining fetal complications after such trauma.

Several studies have been performed to determine the efficacy of three-dimensional (3D) ultrasound in identifying fetal anomalies. Although these studies have been small, the investigators have agreed that 3D ultrasound is a promising technique for detecting or delineating certain types of fetal malformations. When used in conjunction with 2D ultrasound, Dyson et al reported that a 3D ultrasound study provided additional information for most of the fetal malformations detected by traditional 2D ultrasound. They emphasized that although 3D ultrasound currently should be used as an adjunct to 2D ultrasound, 3D ultrasound can provide information that can determine or confirm a suspected diagnosis, change the clinical management of the pregnancy, and supply images that can help a parent better understand the anomaly. This modality is particularly useful for evaluating skeletal dysplasias, facial clefts, spinal abnormalities, and hand abnormalities. Additionally, 3D fetal ultrasonography is expected to improve the ability to estimate fetal weight, which could improve the evaluation of fetuses with intrauterine growth restriction. Moreover, Lev-Toaff et al reported that 3D ultrasound was proficient in determining fetal gender earlier in pregnancy, which can benefit families at risk for X-linked disorders such as hemophilia. Although promising, additional and more extensive studies are needed to determine the clinical usefulness of 3D ultrasound before it is incorporated into common practice.

There are no known contraindications to abdominal ultrasound study. Transvaginal studies are not recommended in case of premature rupture of membranes. The use of a transvaginal study is

controversial in cases of placenta previa. Some authors insist that transabdominal ultrasound provides little information regarding the fetus before the eighth week of gestation and therefore, transvaginal ultrasound is the method of choice in evaluating early pregnancy. While other experts indicate that a transabdominal evaluation should always be performed before considering vaginal scanning. No evidence is found in the literature supporting the use of both techniques during a routine evaluation changes treatment or impacts pregnancy outcomes.

Per the 2001, ACOG Practice Bulletin on Gestational Diabetes, “Ultrasonography has been used to estimate fetal weight, especially to predict macrosomia prior to delivery. However, the reliability of these measures has not been established. Regression formulas using combined fetal measures for weight estimates are associated with systematic errors. Using existing formulas, an estimated fetal weight would have to exceed 4,800 g for the fetus to have more than a 50% chance of being macrosomic. In addition, the use of ultrasound derived measures of fetal weight has not been shown to be superior to clinical measures.”

There are no data available from randomized trials of antepartum testing in patients with gestational diabetes. The particular antepartum test selected, whether nonstress test, contraction stress test, or biophysical profile, may be chosen according to local practice.

Per the American Medical Association Current Procedural Terminology (CPT):
Codes 76801 and 76802 include determination of the number of gestational sacs and fetuses, gestational sac/fetal measurements appropriate for gestation (younger than 14 weeks 0 days), server of visible fetal and placental anatomic structure, qualitative assessment of amniotic fluid volume/gestational sac shape and examination of the maternal uterus and adnexa.

Codes 76805 and 76810 include determination of number of fetuses and amniotic/chorionic sac, measurements appropriate for gestational aged (older than or equal to 14 weeks 0 days), survey of intracranial/spinal/abdominal anatomy, four chambered heart, umbilical cord insertion site, placenta location and amniotic fluid assessment and, when visible, examination of maternal adnexa.

Codes 76811 and 76812 include all elements of codes 76805 and 76810 plus detailed anatomic evaluation of the fetal brain/ventricles, face, heart/outflow tracts and chest anatomy, abdominal organ specific anatomy, number/length/architecture of limbs and detailed evaluation of the umbilical cord and placenta and other fetal anatomy as clinically indicated.

Report should document the results of the evaluation of each element described above or the reason for non-visualization.

Code 76815 represents a focused “quick look” exam limited to the assessment of one or more of the elements listed in the code.

Code 76816 describes and examination designed to reassess fetal size and interval growth or reevaluate one or more anatomic abnormalities of a fetus previously demonstrated on ultrasound, and should be coded once for each fetus requiring reevaluation using modifier 50 for each fetus after the first.

Code 76817 describes a transvaginal obstetric ultrasound performed separately or in addition to one of the transabdominal examinations described above.

The American College of Obstetricians and Gynecologists (ACOG) uses the terms “standard”, “limited”, and “specialized” to describe various types of ultrasound examinations performed during pregnancy.

A standard ultrasound examination includes an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey.

A limited examination would be performed to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation in a laboring patient. A limited examination also may be performed in any trimester to evaluate internal growth, estimate amniotic fluid volume, evaluate the cervix, and assess the presence of cardiac activity.

A specialized examination is a detailed or targeted anatomic examination performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the result of either the limited or standard ultrasound examination.

Per the ACOG Practice Bulletin No. 101:
Essential Elements of Standard Examination of Fetal Anatomy

- Head, Face and Neck*
 - Cerebellum
 - Choroid plexus
 - Cisterna magna
 - Lateral cerebral ventricles
 - Midline flax
 - Cavum septi pellucidi
 - Upper lip
- Chest-heart (the basic cardiac examination includes a four chamber view of the fetal heart. As part of the cardiac screening examination, an attempt should be made if technically feasible, to view the outflow tracts.)
- Abdomen
 - Stomach (presence, size, and situs)
 - Kidneys
 - Bladder
 - Umbilical cord insertion site into the fetal abdomen
 - Umbilical cord vessel number
- Spine-cervical, thoracic, lumbar and sacral spine
- Extremities-legs and arms (presence or absence)
- Sex-medically indicated in low-risk pregnancies only for the evaluation of multiple gestations

*A measurement of the nuchal fold may be helpful during a specific age interval to suggest an increased risk of aneuploidy.

The January 2013 AGOG Committee Opinion of Obesity in Pregnancy states:

“Obese pregnant women are more likely to give birth to an infant with congenital anomalies and obesity also lowers detection rates of fetal anomalies during prenatal ultrasonography. Data establish that the risk of neural tube defects among obese pregnant women is double that of pregnant women of normal weight after correcting for diabetes as a potential confounding factor.”

Key Words:

Ultrasound, sonogram, transvaginal ultrasound, transabdominal ultrasound, ultrasound screening, high-risk pregnancy, three-dimensional (3D) ultrasound, 3D ultrasound

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts Special benefit consideration may apply. Refer to member’s benefit plan.

Pre-certification requirements: Not applicable

Current Coding:

CPT Codes:

- 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** ; each additional gestation
- 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
- 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** ; each additional gestation

- 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
- 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
- 76817** Ultrasound, pregnant uterus, real time with image documentation, transvaginal

See Policy #231 for Fetal Echography
 See Policy #232 for Fetal Biophysical Profile

References:

1. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Antepartum fetal surveillance, No. 9, October 1999.
2. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Gestational diabetes. No 30, September 2001.
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5. ACOG Committee Opinion. Obesity in pregnancy. Number 549; January 2013.
6. AETNA, Clinical Policy Bulletins. Antepartum Fetal Surveillance, May 9, 2003.
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Policy History:

Medical Policy Administration Committee, September 2001
 MASA Third Party Task Force, September 2001
 Medical Policy Group, October 2003 (1)
 Available for comment August 24-October 7, 2004
 Medical Policy Group, June 2005 (2)
 Medical Policy Administration Committee, June 2005
 Available for comment August 6-September 19, 2005
 Medical Policy Group, December 2005 (2)
 Medical Policy Administration Committee, December 2005
 Available for comment December 27, 2005-February 9, 2006
 Medical Policy Group, March 2006 (2)
 Medical Policy Administration Committee, March 2006
 Available for comment March 31-May 15, 2006
 Medical Policy Group, August 2006 (2)
 Medical Policy Administration Committee, August 2006
 Available for comment August 15-September 28, 2006
 Medical Policy Group, September 2007 (2)
 Medical Policy Administration Committee, September 2007
 Available for comment September 30-November 13, 2007
 Medical Policy Group, January 2008 (2)
 Medical Policy Administration Committee, February 2008
 Medical Policy Group, March 2008 (2)
 Medical Policy Administration Committee, April 2008
 Available for comment April 4-May 18, 2008
 Medical Policy Group, September 2008 (2)
 Medical Policy Administration Committee, October 2008
 Available for comment October 4-November 17, 2008

Medical Policy Group, January 2010 (2)

Medical Policy Group, May 2010 (2)

Medical Policy Administration Committee, May 2010

Available for comment May 26-July 9, 2010

Medical Policy Group, October 2013 (2): Removed ICD-9 Diagnosis/Procedure codes; no change to policy statement.

Medical Policy Group, April 2014 (2): Added statement to policy to cover 76811 for obese mothers (BMI of 30 or greater). Added January 2013 ACOG reference to support coverage statement to Key Points and References. Deleted policy statements prior to April 5, 2008.

Medical Policy Administration Committee, May 2014

Available for comment May 22 through July 5, 2014

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case by case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims, (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.