



**OBSTETRIC ULTRASOUND
(INCLUDING STANDARD, LIMITED,
COMPREHENSIVE, TARGETED AND FOLLOW-UP)
HS-002**



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**Obstetric Ultrasound
(including Standard, Limited,
Comprehensive, Targeted
and Follow-Up)**

Policy Number: HS-002

Original Effective Date: 3/1/2007

**Revised Date(s): 3/13/2008; 6/4/2009;
6/18/2010; 8/12/2011; 5/3/2012 RETIRED**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Sixty to seventy percent of pregnant women in the United States receive an ultrasound examination during their pregnancy. The American College of Obstetricians and Gynecologists (ACOG) recommends that in low-risk pregnancies use of ultrasound generally be reserved for answering specific medical questions, rather than as a routine offering to all women. However, many health care providers recommend that one ultrasound examination, usually done between 16 and 20 weeks of pregnancy, be included as a routine part of prenatal care. The use of ultrasonography to test for potential fetal abnormalities, confirm the site of pregnancy within the uterus, and determine gestational age is considered the standard of care.

Types of Examinations

ACOG uses the terms “standard”, “limited”, and “specialized” to describe various types of ultrasound examinations performed during the second or third trimesters. Although the standard and limited examinations are defined by their components, the specialized examination is defined by the indications for the exam, that is, the circumstances that suggest a more thorough ultrasound exam is needed.

Standard Examination

A standard exam is performed during the second or third trimester of pregnancy. ACOG states that fetal anatomy can be assessed adequately after approximately 16-20 weeks of gestation. A more detailed fetal anatomic examination may be necessary if an abnormality or suspected abnormality is found on the standard examination. If a transabdominal examination is not definitive or conclusive, a transvaginal examination is indicated (ACOG, 2004).

Limited Examination

In most cases, **a limited examination is appropriate only when the patient has had a prior complete examination.** A limited examination is performed when a specific question requires investigation. The request for limited ultrasound must be accompanied by a specific reason that documents medical necessity (i.e. no fetal movement felt by patient; vaginal bleeding episode; questionable breech or presentation other than cephalic on pelvic exam, guidance for amniocentesis or CVS by abdominal or vaginal route).

Specialized Examination (Detailed or Targeted Anatomic Examination)

The American College of Obstetricians and Gynecologists has stated that a detailed or targeted anatomic examination may be necessary when an anomaly is suspected on the basis of history, biochemical abnormalities or clinical evaluation, or suspicious results from either the limited or standard ultrasound examination (ACOG, 2004).

The Society for Maternal-Fetal Medicine (SMFM) has stated that a fetal ultrasound with detailed anatomic examination is not necessary as a routine scan for all pregnancies (SMFM, 2004). Rather, this scan is necessary for a known or suspected fetal anatomic or genetic abnormality. The SMFM has stated that the performance of this scan is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities (SMFM, 2004).

SMFM has also determined that no more than one fetal ultrasound with detailed anatomic examination is necessary per pregnancy, per practice, when medically necessary (SMFM, 2004). Once this detailed fetal anatomical exam is done, a second one should not be performed unless there are extenuating circumstances with a new diagnosis. The SMFM has stated that it is appropriate to repeat the detailed fetal anatomical ultrasound examination when a patient is seen by another maternal-fetal medicine specialist practice for a second opinion on a fetal anomaly, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

A focused ultrasound assessment is sufficient for follow-up to provide a reexamination of a specific organ or system known or suspected to be abnormal, or when doing a focused assessment of fetal size by measuring the bi-parietal diameter, abdominal circumference, femur length, or other appropriate measurements (SMFM, 2004).

An ultrasound without detailed anatomic examination is appropriate for a fetal maternal evaluation of the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adenexa when visible and appropriate (SMFM, 2004).

Other specialized examinations might include fetal Doppler, biophysical profile, fetal echocardiography, or additional biometric studies. For example, a fetal Doppler examination would be appropriate if Intrauterine Growth Restriction (IUGR) is diagnosed. Specialized examinations are performed by an operator with experience and expertise in such ultrasonography who determines the components of the examination on a case-by-case basis (ACOG, 2004).

POSITION STATEMENT

The following types of obstetric ultrasound **are considered medically necessary** for the following indications:

- A. CPT 76801 Limited OB Ultrasound (< 14 weeks gestation)**
76802+ each additional gestation
CPT 76805 Standard Ultrasound (> 14 weeks gestation)
76810+ each additional gestation

Note: Generally performed one time during current pregnancy

Indications

1. to confirm the presence of an intrauterine pregnancy vs. ectopic pregnancy
2. to define the cause of vaginal bleeding
3. to evaluate pelvic pain
4. to estimate gestational age
5. to diagnose or evaluate multiple gestations
6. to confirm cardiac activity after failed attempt with portable Doppler
7. as an adjunct to chronic villous sampling (CVS)
8. to evaluate suspected hydatidiform mole

- B. CPT 76811 Comprehensive/Targeted OB Ultrasound (> 14 weeks gestation)**
76812+ each additional gestation

Note: Generally performed one time during current pregnancy unless there is documentation justifying a repeat procedure

Note: Will be covered if performed by a registered diagnostic medical sonographer (RDMS) under direct supervision by a physician with specialized training or experience in the subject including a perinatologist and a pediatric cardiologist

Indications

1. suspected fetal anomaly or documented marker for aneuploidy during a standard examination (76805)
2. IUGR (EFW < 10%tile growth), elevated maternal serum AFP, abnormal first trimester screen or multiple marker screen (MMS)
3. polyhydramnios (AFI) > 24 cm or a single pocket of fluid at least 8 cm in depth
4. 2-vessel umbilical cord detected at standard OB ultrasound
5. fetal cardiac arrhythmias

6. significant exposure to drugs or chemicals which are known or suspected teratogens in the first trimester
7. exposure to radiation >5 rads in the first trimester
8. finding of pyelectasis on standard OB ultrasound
9. abnormal fetal karyotype
10. advanced maternal age (age 35 and above at time of delivery)
11. multiple gestation
12. other specified viral, infectious and parasitic diseases complicating pregnancy
13. congenital cardiovascular disorders complicating pregnancy
14. hereditary disease in family FIRST DEGREE PARENT possibly affecting fetus
15. Rh isoimmunization and/or isoimmunization from other and unspecified blood-group incompatibility
16. diabetes mellitus
17. unspecified obstetrical trauma
18. oligohydramnios (AFI < 5cm or the absence of a fluid pocket 2 cm in depth)

**C. CPT 76815 Limited OB Ultrasound (> 14 weeks gestation)
76816 Follow-Up OB Ultrasound (> 14 weeks gestation)**

Indications for a Limited OB Ultrasound

1. no fetal movement or decreased fetal movement \geq 24 weeks gestation
2. vaginal bleeding
3. verifying fetal presentation in patient who is in labor outside of the hospital or >35 weeks gestation
4. pelvic pain in pregnancy
5. assessment of amniotic fluid volume in cases of oligohydramnios (AFI < 5cm or the absence of a fluid pocket 2 cm in depth) and polyhydramnios (AFI) > 24 cm or a single pocket of fluid at least 8 cm in depth
6. placental localization in cases of suspected previa
7. evaluation of certain placental abnormalities (abruption)
8. follow-up of growth of uterine fibroids (submucosal/intramural interfering with intrauterine growth)
9. patients with uncertain dates

Indications for a follow-up OB ultrasound

1. serial growth assessment in cases of documented IUGR (frequency no less than every 3 weeks)
2. size/dates discrepancy (small for gestational age fetus, large for gestational age fetus)
3. follow-up of detected fetal structural abnormalities
4. follow-up by a MFM of poorly visualized fetal anatomic structures from a previous standard or targeted ultrasound examination
5. multiple gestation
6. maternal medical condition associated with risk of poor fetal growth with size dates discordance (hypertension, chronic renal disease, connective tissue disorder, diabetes mellitus (uncontrolled pregestational or gestational), antiphospholipid antibody syndrome, inflammatory bowel disease, severe malnutrition, hyperthyroidism)

CODING

Covered 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+** 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)
- 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

ICD-9-CM Procedure Code

88.78 Diagnostic Ultrasound of gravid uterus

HCPCS Codes - No applicable codes

Covered ICD-9-CM Diagnosis Codes

- 640.83** Other specified hemorrhage in early pregnancy; antepartum condition or complication
- 640.93** Unspecified hemorrhage in early pregnancy; antepartum condition or complication
- 641.03** Placenta Previa without hemorrhage; antepartum condition or complication
- 641.13** Placenta Previa with hemorrhage; antepartum condition or complication
- 641.23** Placental Abruption; antepartum condition or complication
- 641.33** Hemorrhage associated with coagulation defects; antepartum condition or complication
- 641.83** Hemorrhage associated with trauma or uterine leiomyoma; antepartum condition or complication
- 642.03** Benign Essential Hypertension; antepartum condition or complication
- 642.13** Hypertension secondary to renal disease; antepartum condition or complication
- 642.23** Other Pre-existing Hypertension; antepartum condition or complication
- 642.73** Pre-Eclampsia or eclampsia superimposed on Pre-existing Hypertension; antepartum condition or complication
- 647.63** Other viral diseases complicating pregnancy, antepartum condition or complication
- 647.83** Other specified infectious and parasitic diseases complicating pregnancy, antepartum condition or complication
- 648.03** Diabetes mellitus complicating pregnancy, antepartum condition or complication
- 648.33** Drug dependence complicating pregnancy, antepartum condition or complication
- 648.53** Congenital cardiovascular disorders complicating pregnancy, antepartum condition or complication
- 648.83** Gestational Diabetes; abnormal glucose tolerance; antepartum condition or complication
- 648.93** Other Current Conditions; antepartum condition or complication

- 651.03** Twin pregnancy, antepartum condition or complication
- 651.13** Triplet pregnancy, antepartum condition or complication
- 651.23** Quadruplet pregnancy, antepartum condition or complication
- 651.33** Twin pregnancy with fetal loss and retention of one fetus, antepartum condition or complication
- 651.43** Triplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition or complication
- 651.53** Quadruplet pregnancy with fetal retention of one or more fetus(es), antepartum condition or complication
- 652.03** Unstable lie; malposition and malpresentation of the fetus
- 652.13** Breech presentation without mention of version converted to cephalic presentation
- 652.23** Breech Presentation, unspecified
- 652.33** Transverse or oblique presentation; malposition and malpresentation of the fetus
- 652.43** Face or brow presentation; malposition and malpresentation of the fetus
- 652.53** High head at term; malposition and malpresentation of the fetus
- 652.63** Multiple gestations with malpresentation of one fetus or more
- 652.73** Prolapsed arm malposition or malpresentation of the fetus
- 652.83** Compound presentation or other specified malposition or malpresentation
- 653.63** Hydrocephalic fetus causing disproportion; antepartum condition or complication
- 653.73** Other fetal abnormality causing disproportion; antepartum condition or complication
- 654.03** Congenital abnormalities of uterus; antepartum condition or complication
- 654.13** Tumors of body of uterus; antepartum condition or complication
- 654.33** Retroverted and incarcerated gravid uterus; antepartum condition or complication
- 654.43** Other abnormalities in shape or position of gravid uterus and neighboring structures; antepartum condition or complication
- 655.03** Central nervous system malformation in fetus; antepartum condition or complication
- 655.13** Chromosomal abnormality in fetus; antepartum condition or complication
- 655.23** Hereditary disease in family possibly affecting fetus; antepartum condition or complication
- 655.33** Suspected damage to fetus from viral disease in the mother; antepartum condition or complication
- 655.43** Suspected damage to fetus from other disease in the mother; antepartum condition or complication
- 655.53** Suspected damage to fetus from drugs; antepartum condition or complication
- 655.63** Suspected damage to fetus from radiation; antepartum condition or complication
- 655.73** Decreased fetal movements
- 655.83** Other known or suspected fetal abnormality, not elsewhere classified; antepartum condition or complication
- 655.93** Unspecified known or suspected fetal abnormality affecting management of mother, antepartum condition or complication
- 656.13** Rhesus isoimmunization complicating pregnancy, antepartum condition or complication
- 656.23** Isoimmunization from other and unspecified blood-group incompatibility; antepartum condition or complication
- 656.53** Poor fetal growth complicating pregnancy, antepartum condition or complication
- 656.63** Excessive fetal growth complicating pregnancy; antepartum condition or complication
- 657.03** Polyhydramnios complicating pregnancy, antepartum condition or complication
- 658.03** Oligohydramnios complicating pregnancy, antepartum condition or complication
- 659.53** Elderly primigravida; 1st pregnancy in a woman who will be 34 years of age or older at expected date of delivery; antepartum condition or complication
- 659.63** Elderly multigravida; 2nd or more pregnancy in a woman who will be 34 years of age or older at expected date of delivery; antepartum condition or complication
- 659.73** Abnormality in fetal heart rate or rhythm; antepartum condition or complication
- 663.83** Other umbilical cord complications; antepartum condition or complication
- 665.83** Other specified obstetrical trauma; antepartum condition or complication
- 793.6** Nonspecific abnormal findings on radiological and other examinations of abdominal area, including retroperitoneum
- 793.99** Other nonspecific abnormal findings on radiological and other examinations of body structure
- 795.2** Abnormal Karyotype in fetus



- V23.0** Pregnancy with history of trophoblastic disease; hydatidiform mole
V28.3 Encounter for routine screening for malformation of fetus ultrasound NOS
V28.4 Screening for Fetal Growth Retardation (IUGR) using ultrasound
V28.81 Encounter for fetal anatomic survey
V28.9 Antenatal screening for abnormalities

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

N/A

Government Agencies, Professional and Medical Organizations

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HISTORY AND REVISIONS

Date	Action
5/3/2012	<ul style="list-style-type: none">• Retired by MPC; covered by CareCore criteria.
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/12/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.