



**FETAL ULTRASOUND ASSESSMENT  
OF NUCHAL TRANSLUCENCY  
HS-108**



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WellCare Health Insurance of Arizona, Inc.*

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**Fetal Ultrasound Assessment  
of Nuchal Translucency**

**Policy Number: HS-108**

**Original Effective Date: 6/4/2009**

**Revised Date(s): 6/25/2010; 8/2/2011**

**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

First-trimester prenatal screening involves determination of maternal serum free b-human chorionic gonadotropin (hCG) and pregnancy-associated plasma protein A (PAPP-A) levels combined with ultrasonographic measurement of nuchal translucency. The results of these tests, in conjunction with maternal age, are used to calculate patient-specific risk for fetal chromosomal disorders. The goal of first-trimester prenatal screening is to provide risk information early in pregnancy, thereby allowing for additional diagnostic testing and optimal pregnancy management or early termination.

Birth defects are the leading cause of infant mortality in the United States, accounting for more than 20% of all infant deaths. Although the causes of approximately 70% of all birth defects are unknown, many birth defects can be attributed to chromosomal abnormalities. Pregnant women who have a high risk of fetal chromosomal disorders, such as those 35 years of age or older, are generally offered chorionic villus sampling or amniocentesis, which allows the karyotype of the fetus to be determined. However, these tests are invasive and can cause miscarriage, and are not indicated as screening tests for women at average risk. Therefore, a number of noninvasive prenatal tests have been developed to screen for fetal abnormalities and to determine the need for additional diagnostic testing. Pregnant women typically undergo prenatal screening during the second trimester with tests that evaluate specific hormone levels in the serum and/or ultrasonographic examination of the fetus. Serum concentrations of human chorionic gonadotropin (hCG), a-fetoprotein, and unconjugated estradiol can be measured, allowing calculation of the risk of fetal abnormalities and determination of the need for further diagnostic testing, such as amniocentesis. These biochemical tests, known as the “triple screen,” are typically performed during the 15th to 18th weeks of gestation. Ultrasonography can also be used as either a screening or diagnostic test to detect certain fetal abnormalities. However, second-trimester screening fails to detect every case of fetal abnormality and falsely identifies many healthy pregnancies as being at significant risk for abnormalities. In addition, second-trimester screening limits the time for the patient to receive information that may influence choice of treatments, such as termination of pregnancy. Pregnancy termination is safer and more widely available in the first trimester and in the first half of the second trimester.

To address the shortcomings of second-trimester screening, a protocol for first-trimester screening has been developed. This approach requires determination of maternal serum free b-hCG and pregnancy-associated plasma protein A (PAPP-A) levels, in combination with ultrasonographic measurement of nuchal translucency, the thickness of the space between the back of fetal neck and the overlying skin. Once the risk of fetal genetic abnormality has been calculated based on maternal age, nuchal translucency measurement, and free b-hCG and PAPP-A levels, the patient is advised of her treatment options. Amniocentesis or chorionic villus sampling is recommended if the risk of chromosomal abnormality exceeds the risk of miscarriage due to the sampling procedure. The fetal karyotype obtained from the collected cells then allows definitive diagnosis of chromosomal aberrations. First-trimester screening is only intended to estimate the risk of chromosomal disorders, and does not detect open neural tube defects.

## POSITION STATEMENT

Fetal ultrasound assessment of nuchal translucency (NT) **is considered medically necessary** if ALL of the following criteria are met:

- 1) Documented evidence of appropriate ultrasound training and ongoing quality monitoring programs are in place through an approved credentialing process for NT measurements (MFMF/NTQR/ and FMFUS); **AND**,
- 2) Documented evidence that measurement of NT is being performed in combination with maternal serum assessment which must include the following:

- Serum human chorionic gonadotropin (free  $\beta$ -hCG or total hCG); **AND**,
- Serum pregnancy-associated plasma protein A (PAPP-A)

**AND**

- 3) Documented evidence that NT assessment will be performed between 10 weeks/ 4 to 7 days and 13 weeks/6 to 7 day.

**AND**

- 4) Member has received adequate counseling regarding possible positive screening outcome.

**CODING**

**Covered CPT® Codes**

- 76813** Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
- 76814** Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation

**ICD-9-CM Procedure Codes** - No applicable code

**HCPCS Codes** - No applicable code

**ICD-9-CM Diagnosis Codes**

- V23.81 Elderly primigravida, First Pregnancy in a woman who will be 35 years of age or older at delivery
- V23.82 Elderly multigravida, Second or more pregnancy in a woman who will be 34 years of age or older at delivery
- V26.31 Genetic counseling and testing
- V28.89 Nuchal Translucency Testing

**\*Current Procedural Terminology (CPT) 2009 American Medical Association: Chicago, IL.®©**

**REFERENCES**

**Peer Reviewed**

1. Chitty, et al. Fetal nuchal translucency scan and early prenatal diagnosis of chromosomal abnormalities by rapid aneuploidy screening: observational study. *BMJ*, 332, 452-455. 2006.
2. Haak et al, Pathophysiology of increased nuchal translucency: A review of the literature. *Human Reproduction Update*, 9 (2), 175-184. 2003.Hayes Directory. First Trimester Prenatal Screening Using Nuchal Translucency Combined with Maternal PAPP-A and Free  $\beta$ -hCG Levels. December 12, 2005.
3. Taipale, et al. Increased nuchal translucency as a marker for fetal chromosomal defects. *The New England Journal of Medicine*, 337, 1654-8. 1997.

**Government Agencies, Professional and Medical Organizations**

1. American College of Obstetricians and Gynecologists (ACOG). Screening for fetal chromosomal abnormalities. *ACOG Practice Bulletin No. 77*. 2007.

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2. Society of Obstetricians and Gynaecologists of Canada. Prenatal screening for fetal aneuploidy. Journal Obstet Gynaecol Can, 29 (2), February, 2007.

**HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
8/2/2011	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>