

WellCare Health Plans, Inc.
The WellCare Group of Companies

Clinical Coverage Guideline



WellCare Prescription Insurance, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*



WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

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WellCare of New York, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

Harmony Health Plan of Illinois, Inc.

WellCare of Ohio, Inc.

Fetal Echocardiography (including Doppler, Pulsed Wave and Color Flow Mapping)

Guideline Number: HS-114

Original Effective Date: 7/2/2009

Revision Date: n/a

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.

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DISCLAIMER

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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.

CLINICAL COVERAGE GUIDELINE

CPT 76825 Fetal echocardiography , CPT 76827 Doppler fetal echocardiography, pulsed wave Doppler, and CPT 93325 color flow mapping are considered medically necessary for the following indications:

- unspecified viral infection, other viral disease complicating pregnancy – coxsackie, cytomegalovirus, parvovirus, rubella; **OR,**
- pregestational/gestational poorly controlled diabetes mellitus; diabetes mellitus treated with anti-hyperglycemics; **OR,**
- drugs and teratogen exposure – lithium; retinoic acid; carbamezapine; hydantoin; trimethadione; thalidomide; radiation; valproic acid; amphetamines; alcohol; cocaine; **OR,**
- epilepsy/other seizure disorders with documented medication use; **OR,**
- endomyocardial fibrosis; **OR,**
- hereditary hemorrhagic telangiectasia; **OR,**
- other specified infectious and parasitic diseases complicating pregnancy – toxoplasmosis; **OR,**
- maternal PKU; **OR,**
- systemic lupus erythematosus/other specified diffuse connective tissue disease with elevated SSA and/or SSB antibodies; **OR,**
- other cardiovascular diseases complicating pregnancy such as ductus arteriosus dependent lesions and/or with other known complex congenital heart disease; **OR,**
- families with a first degree relative with a history of congenital heart disease; **OR,**

- any fetal extracardiac structural abnormalities found on standard OB ultrasound or targeted/comprehensive OB US (CNS defects, omphalocele, TE fistula, diaphragmatic hernia, gastrointestinal, genitourinary, increased nuchal translucency); **OR**,
- known or suspected fetal chromosomal abnormalities; **OR**,
- Rh isoimmunization and other blood group incompatibility (fetal hydrops/non-immune hydrops); **OR**,
- abnormal first trimester screens for chromosomal abnormalities and/or abnormal fetal anatomy; and/or abnormal multiple marker screens; **OR**,
- documented fetal arrhythmia: to define the rhythm and its significance; to identify structural heart disease and cardiac function; **OR**,
- following an abnormal or incomplete cardiac evaluation on an anatomic scan, four-chamber study (NOTE: When the 4 chamber view is adequate and there are no other indications of a cardiac abnormality, a fetal echocardiogram is NOT considered medically necessary); **OR**,
- single umbilical artery; **OR**,
- member is of advanced maternal age and has declined amniocentesis

CPT 76826 Repeated/Follow-Up fetal echocardiography, CPT 76828 Doppler fetal echocardiography, pulsed wave Doppler, and CPT 93325 color flow mapping are considered medically necessary for the following indications:

- a ductus arteriosus dependent lesion; **OR**,
- tachycardia other than sinus tachycardia or heart block; **OR**,
- structural heart disease with hemodynamic compromise

BACKGROUND

Fetal echocardiography is the ultrasonic evaluation of the human fetal cardiovascular system. General antepartum obstetrical ultrasound has become a standard part of gestational care and is commonly used for the determination of fetal age, size, gender, or well-being and for the detection of congenital anomalies. A variety of maternal or fetal disorders may result in abnormality of the fetal cardiovascular system to a degree which demands evaluation at a level above and beyond that attainable with standard antepartum obstetrical ultrasound. In these circumstances, a fetal echocardiogram should be performed.

Definition of fetal cardiac structures is currently possible at 10 to 12 weeks of gestation with the use of vaginal probes with high-resolution transducers. With current technologies, accurate segmental analysis of cardiac structures and blood flow across valves, shunts, and the ductus arteriosus is possible with a conventional transabdominal approach by 16 to 18 weeks of gestation.

Members are referred for fetal echocardiography because of an abnormality of structure or rhythm noted on ultrasound examination or because the patient is in a high-risk group for fetal heart disease. Treatment of the patient is facilitated by the early recognition of the exact nature of the cardiac problem in the fetus. The correct diagnosis may be difficult because of fetal physiology, the effect on flow across defects and valves, inability to see the fetus for orientation reference, and inability to examine the fetus for clinical findings. For these reasons, fetal echocardiography should be performed only by trained fetal echocardiographers.

As fetal heart disease is typically associated with structural abnormalities and consequent aberrant blood flow through the heart, it is necessary to perform Doppler studies and color flow mapping when such abnormalities are detected with 2D fetal echocardiography.

CODING

CPT®* Code

- 76825** Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-Mode recording
- 76826** Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-Mode recording
Follow-up or repeat study
- 76827** Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
- 76828** Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
Follow-up or repeat study
- 93325+** Doppler echocardiography color flow velocity mapping
+List Separately in addition to codes for echocardiography.

ICD-9-CM Procedure Code

- 75.35** Other Diagnostic procedures on fetus and amnion

HCPCS Codes

No applicable codes

ICD-9-CM Diagnosis Codes This list may not be all inclusive.

- 270.1** Maternal PKU; phenylketonuria;
use in combination with code 648.93 Current Condition complicating pregnancy; antepartum
- 647.03** Syphilis - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.13** Gonorrhea - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.23** Other Venereal Diseases - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.33** Tuberculosis - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.43** Malaria - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.53** Rubella - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.63** Other viral diseases - Infectious & Parasitic conditions in the mother; complicating pregnancy; antepartum
- 647.83** Other specified infectious & parasitic diseases and unspecified infection or infestation; antepartum
- 648.03** Diabetes Mellitus – Current condition in the mother complicating pregnancy; antepartum
- 648.33** Drug Dependence - Current condition in the mother complicating pregnancy; antepartum
- 648.53** Congenital Cardiovascular Disorders - Current condition in the mother complicating pregnancy; antepartum
- 648.63** Other Cardiovascular Disease - Current condition in the mother complicating pregnancy; antepartum
- 648.83** Gestational Diabetes - Current condition in the mother complicating pregnancy; antepartum
- 649.43** Epilepsy - in the mother complicating pregnancy; antepartum
- 655.13** Chromosomal abnormality in fetus
- 655.23** Hereditary disease in family possibly affecting fetus
- 655.33** Suspected damage to fetus from viral disease in the mother
- 655.43** Suspected damage to fetus from other disease in the mother
- 655.53** Suspected damage to fetus from drugs
- 655.63** Suspected damage to fetus from radiation
- 655.73** Decreased fetal movements
- 655.83** Other known or suspected fetal abnormality, not elsewhere classified
- 656.13** Rhesus Isoimmunization; Rh incompatibility
- 656.23** ABO incompatibility; isoimmunization other and unspecified blood group incompatibility

- 659.53** Elderly primigravida; First pregnancy in a woman who will be 35 years of age or older at delivery
659.63 Elderly multigravida; Second or more pregnancy in a woman who will be 35 years of age or older at delivery
659.73 Abnormality in fetal heart rate or rhythm
793.99 Other nonspecific abnormal findings on radiological and other examinations of body structure

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

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3. ACC/AHA Clinical Competence Statement on Echocardiography. A Report of the American College of Cardiology/American Heart Association/American College of Physicians-American Society of Internal Medicine task Force on Clinical Competence. *Journal of the American College of Cardiology*, 41, Number 4, 2003.