



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, 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.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Transvaginal Ultrasound

Policy Number: HS-120

Original Effective Date: 8/6/2009

Revised Date(s): 8/20/2010; 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

Ultrasound imaging, also known as ultrasound scanning or sonography is a method of obtaining images from inside the human body through the use of high-frequency sound waves. The echoes of the sound waves are recorded and displayed as a real-time, visual image. One method used to perform pelvic ultrasound in females is transvaginal. A transvaginal ultrasound (TVU, TVUS), also known as transvaginal sonography (TVS), involves the insertion of the transducer into the vagina. The images are obtained from different orientations to get the best views of the uterus and ovaries. A TVU can be used to monitor conditions associated with abnormal pregnancies, or screening and surveillance of members at high risk for certain cancers.

American Cancer Society (ACS) Statement

The ACS recommends that women at increased endometrial cancer risk (due to increasing age, history of unopposed estrogen therapy, late menopause, tamoxifen therapy, nulliparity, infertility or failure to ovulate, obesity, diabetes, or hypertension) should be informed of their risk and advised to see their doctor whenever there is any abnormal uterine bleeding. Women with or at risk for HNPCC should be offered annual testing for endometrial cancer, with endometrial biopsy beginning at age 35. This includes women known to carry HNPCC-associated gene mutations, women who are likely to carry such a mutation (those with a mutation known to be present in the family), and women from families with a predisposition to colon cancer where genetic testing has not been done.

American Cancer Society Guidelines

The ACS recommends that average-risk asymptomatic women at menopause should be informed about the risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physician. Women are at very high risk for endometrial cancer with: (1) known hereditary nonpolyposis colon cancer–associated genetic mutation carrier status; (2) substantial likelihood of being a mutation carrier (i.e., a mutation is known to be present in the family); or (3) absence of genetic testing results in families with a possible autosomal dominant predisposition to colon cancer. For these women, annual screening beginning at age 35 is recommended due to the high risk for endometrial cancer and the potentially life-threatening nature of this disease. Specifically, these women should consider beginning annual testing for early endometrial cancer detection at age 35 years. The evaluation of endometrial histology with the endometrial biopsy is still the standard for determining the status of the endometrium. These women should be informed that the recommendation for screening is based on expert opinion in the absence of definitive scientific evidence, and they should be informed about potential benefits, risks, and limitations of testing for early endometrial cancer detection.

POSITION STATEMENT

Transvaginal ultrasound **is considered medically necessary** in pregnant members for ANY of the following;

- **V13.21, V13.29 and V23.49** Member has a history of unexplained preterm delivery; **OR,**
- **V23.2** Member has a history of prior mid-term pregnancy loss(es); **OR,**
- **654.50 – 654.54** Member has a history of incompetent cervix; **OR,**
- **654.60 – 654.64** There is a finding of cervical length measurement < 2.5 cm by transabdominal scan on a member not at risk for preterm delivery at 20 weeks gestation; **OR,**
- **641.10 – 641.13** There is a finding of placenta previa on transabdominal examination; **OR,**
- **641.20 – 641.23** There is suspected abruption placenta; **OR,**
- **651.00 – 651.93** Multiple gestations; **OR,**
- **654.40 – 654.54** Post cervical cerclage up to 34 weeks gestation (contractions resulting in cervical change); **OR,**
- **V23.2** Threatened, spontaneous and/or missed abortion (first trimester); **OR,**
- **236.0 – 263.2 or 625.8** Suspicion of adnexal mass; **OR,**

- **V23.2** Multiple pregnancy termination

Transvaginal ultrasound is **considered medically necessary** for any member at increased risk for ovarian and/or endometrial cancer for ANY of the following:

- **V84.01 or V84.02** Member is a known carrier of BRCA1 or BRCA2 mutation (hereditary breast/ovarian cancer syndrome); **OR**,
- **V84.09** Member has hereditary nonpolyposis colorectal cancer (HNPCC)-associated genetic mutation (Lynch syndrome); **OR**,
- **V83.89** High likelihood of being a carrier of hereditary breast/ovarian cancer syndrome mutation or Lynch syndrome mutation (e.g. a mutation is known to be present in a close blood relative*; or in the absence of genetic testing, there is suspicion of mutation carrier status due to close blood relative* with a history of breast, ovarian, endometrial or HNPCC-associated cancer); **OR**,
- **V10.3 and V10.43 and V10.44** Member has personal history of breast, ovarian, endometrial or an HNPCC-associated cancer
- **236.0 – 263.2 or 625.8** Suspicion of adnexal mass; **OR**,
- Nonexistent or abnormal uterine bleeding

*A close blood relative/close family member is defined as a first-, second-, or third-degree relative; this includes any of the following biologically related individuals: a parent, full sibling, half sibling, child, grandparent, great-grandparent, grandchild, aunt, great aunt, uncle, great uncle, nephew, niece, or first cousin.

CODING

Covered CPT® Codes

76817 Transvaginal Ultrasound, pregnant uterus, real time with image documentation
76830 Transvaginal Ultrasound

ICD-9-CM Procedure Codes

88.78 Diagnostic ultrasound of gravid uterus
88.79 Other diagnostic ultrasound; nongravid uterus

HCPCS Codes - No applicable codes

Covered ICD-9-CM Diagnosis Codes

236.0 Neoplasm of uncertain behavior of uterus
236.2 Neoplasm of uncertain behavior of ovary
625.8 Mass of female genital organs
641.10 – 641.13 Placenta Previa without hemorrhage
641.20 – 641.23 Premature separation of placenta, abruptio placentae
651.00 – 651.93 Multiple Gestations
654.50 – 654.54 Cervical incompetence
654.60 – 654.61 Congenital or acquired abnormality of cervix
V10.3 Personal history of breast cancer
V10.41 Personal history of malignant neoplasm of cervix uteri
V10.43 Personal history of malignant neoplasm of ovary
V10.44 Personal history of malignant neoplasm of other female organs

V13.21	Personal history of preterm labor
V13.29	Personal history of genital system and obstetric disorders
V16.41	Family history of malignant neoplasm of ovary
V16.49	Family history of malignant neoplasm of other genital organ
V23.2	Pregnancy with history of abortions
V23.49	Pregnancy with history of pre-term labor
V23.89	Other high risk pregnancy
V83.89	Other Genetic carrier status
V84.01	Genetic susceptibility to malignant neoplasm of breast, i.e. positive BRCA1 or BRCA1
V84.02	Genetic susceptibility to malignant neoplasm of ovary
V84.09	Genetic susceptibility to other malignant neoplasm, i.e. nonpolyposis colorectal cancer (HNPCC)

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

REFERENCES

Peer Reviewed

N/A

Government Agencies, Professional and Medical Organizations

1. American Cancer Society. Detailed Guide: Ovarian Cancer. Revised: June 2008
2. American Cancer Society. Detailed Guide: Endometrial (Uterine) Cancer. Revised: March, 2008.
3. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 43, management of Preterm Labor. May, 2003.
4. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 48, Cervical Insufficiency. Nov. 2003.
5. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin No. 31, Assessment of Risk Factors for Preterm Birth. October 2001.
6. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and Ovarian. 2008.
7. Society of Obstetricians and Gynaecologists of Canada. SOGC Clinical Practice Guidelines. Ultrasound Cervical Assessment in Predicting Preterm Birth. Van den Hof et al. No. 102. May, 2001.
8. U.S. Preventive Services Task Force. Screening for Ovarian Cancer. Agency for Healthcare Research and Quality, Rockville, MD. May 2004.

HISTORY AND REVISIONS

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