

Clinical Policy: Ultrasound in Pregnancy

Reference Number: CP.MP.38

Effective Date: 02/11

Last Review Date: 08/16

[Revision Log](#)
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See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy outlines the medical necessity criteria for ultrasound use in pregnancy. Ultrasound is the most common fetal imaging tool used today. Ultrasound is accurate at determining gestational age, fetal number, viability, and placental location; and is necessary for many diagnostic purposes in obstetrics. The determination of the time and type of ultrasound should allow for a specific clinical question(s) to be answered. Ultrasound exams should be conducted only when indicated and must be appropriately documented.

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that the following ultrasounds during pregnancy are considered **medically necessary** when the following conditions are met:

- I. [Standard first trimester ultrasound](#) (76801)
- II. [Standard second or third trimester ultrasound](#) (76805)
- III. [Detailed anatomic ultrasound](#) (76811)
- IV. [Transvaginal ultrasound](#) (76817)
- V. [Not medically necessary conditions](#)

- I. One standard *first trimester standard ultrasound (76801)* is allowed per pregnancy when billed with an appropriate pregnancy code listed below in Coding Indications.

Subsequent standard first trimester ultrasounds are considered **not medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

- II. One *standard second or third trimester ultrasound (76805)* is allowed per pregnancy when billed with an appropriate pregnancy code listed below in Coding Indications.

Subsequent standard second or third trimester ultrasounds are considered **not medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

- III. One *detailed anatomic ultrasound (76811)* is allowed per pregnancy when performed to evaluate for suspected anomaly based on history, biochemical abnormalities, or clinical evaluation; or when there are suspicious results from a limited or standard ultrasound. This ultrasound must be billed with an appropriate high risk diagnosis code, in the primary diagnosis position, included in Coding Indications below.

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A second detailed anatomic ultrasound is considered **medically necessary** if a new maternal fetal medicine specialist group is taking over care, a second opinion is required, or the patient has been transferred to a tertiary care center in anticipation of delivery of an anomalous fetus requiring specialized neonatal care.

Further anatomic ultrasounds are considered **not medically necessary** as there is inadequate evidence of the clinical utility of multiple detailed fetal anatomic examinations.

IV. Up to six (6) *transvaginal ultrasounds* are considered **medically necessary** per pregnancy. A transvaginal ultrasound (76817) would be conducted in the first trimester for the same indications as 76801 or later in pregnancy to assess cervical length or location of the placenta in women with placenta previa.

Subsequent transvaginal ultrasounds may be considered **medically necessary** when conducted to screen for cervical length with a history of preterm labor or to monitor a shortened cervix based on Table 1 below.

Table 1: Berghella approach to transvaginal ultrasound (TVU) measurement of cervical length for screening singleton gestations

| Past pregnancy history | TVU cervical length screening | Frequency | Maximum # of TVU |
|------------------------------------|---------------------------------------|--|------------------|
| Prior preterm birth 14 to 27 weeks | Start at 14 weeks and end at 24 weeks | Every 2 weeks as long as cervix is at least 30 mm* | 6 |
| Prior preterm birth 28 to 36 weeks | Start at 16 weeks and end at 24 weeks | Every 2 weeks as long as cervix is at least 30 mm* | 5 |
| No prior preterm birth | One exam between 18 and 24 weeks | Once | 1 |

* Increase frequency to weekly in women with TVU cervical length of 25 to 29 mm. If <25 mm before 24 weeks, consider cerclage.

V. 3D and 4D ultrasounds are considered investigational and are therefore **not medically necessary**. Studies lack sufficient evidence that they alter management over two-dimensional ultrasound in a fashion that improves outcomes.

The following additional procedures are considered **not medically necessary**:

- Ultrasounds performed solely to determine the sex of the fetus or to provide parents with photographs of the fetus;
- Scans for growth evaluation performed less than 2 weeks apart;
- Ultrasound to confirm pregnancy in the absence of other indications;
- A follow-up ultrasound in the first trimester in the absence of pain or bleeding.

Classifications of fetal ultrasounds include:

I. Standard First Trimester Ultrasound - 76801

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A standard first trimester ultrasound is performed before 14 weeks and 0 days of gestation. It can be performed transabdominally or transvaginally. When performed transvaginally, CPT 76817 should be used. It includes an evaluation of the presence, size, location, and number of gestational sac(s); and an evaluation of the gestational sac(s).

Indications for a first trimester ultrasound include the following:

- To confirm an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate vaginal bleeding
- To evaluate pelvic pain
- To estimate gestational age
- To diagnose and evaluate multiple gestations
- To confirm cardiac activity
- As adjunct to chorionic villus sampling and localization and removal of an intrauterine device
- To assess for certain fetal anomalies, such as anencephaly, in high risk patients
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- To screen for fetal aneuploidy (nuchal translucency) when a part of aneuploidy screening
- To evaluate suspected hydatidiform mole

II. Standard Second or Third Trimester Ultrasound - 76805

A standard ultrasound in the second or third trimester involves an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey.

Indications for a standard second or third trimester ultrasound include the following:

- Screening for fetal anomalies
- Evaluation of fetal anatomy
- Estimation of gestational age
- Evaluation of fetal growth
- Evaluation of vaginal bleeding
- Evaluation of cervical incompetence
- Evaluation of abdominal and pelvic pain
- Determination of fetal presentation
- Evaluation of suspected multiple gestation
- Adjunct to amniocentesis or other procedure
- Evaluation of discrepancy between uterine size and clinical dates
- Evaluation of pelvic mass
- Examination of suspected hydatidiform mole
- Adjunct to cervical cerclage placement
- Evaluation of suspected ectopic pregnancy
- Evaluation of suspected fetal death
- Evaluation of suspected uterine abnormality
- Evaluation of fetal well-being
- Evaluation of suspected amniotic fluid abnormalities

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- Evaluation of suspected placental abruption
- Adjunct to external cephalic version
- Evaluation for premature rupture of membranes or premature labor
- Evaluation for abnormal biochemical markers
- Follow-up evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placenta previa
- Evaluation with a history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- To assess for findings that may increase the risk of aneuploidy

III. Detailed Anatomic Ultrasound - 76811

A detailed anatomic ultrasound is performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard ultrasound.

IV. Other Ultrasounds – 76817

A transvaginal ultrasound of a pregnant uterus can be performed in the first trimester of pregnancy and later in a pregnancy to evaluate cervical length and the position of the placenta relative to the internal cervical os. When this exam is done in the first trimester, the same indications for a standard first trimester ultrasound, 76801, apply.

Background

The Routine Antenatal Diagnostic Imaging with Ultrasound (RADIUS) trial showed that routine U/S screening of a low risk population did not lead to improved perinatal outcomes. This was a practice based, multi-center randomized trial. There were no significant differences in birth weight or preterm delivery rates.

Ultrasound is used most often in pregnancy for the estimation of gestational age. It has been shown that the use of multiple biometric parameters can allow for accuracy to within 3-4 days in a mid-trimester study (14-22 weeks). Accurate dating of a pregnancy is crucial as many important decisions might be made based on this date—whether or not to resuscitate an infant delivered prematurely, when to give antenatal steroids, when to electively deliver a term infant, and when to induce for post-dates.

Pregnancy dating with a first trimester or mid-trimester ultrasound will reduce the number of misdated pregnancies and subsequent unnecessary inductions for post-dates pregnancies. Third trimester ultrasounds for pregnancy dating are much less dependable.

Ultrasound is a helpful tool for the evaluation of fetal growth in at-risk pregnancies and the diagnosis of a small-for-gestational age baby (SGA). Those SGA babies with actual chronic hypoxemia and/or malnutrition can be termed growth restricted (FGR) if it is suspected that there growth has been less than optimal.

ACOG does not yet recommend the use of three or four-dimensional ultrasound as a replacement for any necessary two dimensional study. ACOG states “the technical advantages of three-dimensional ultrasonography include its ability to acquire and manipulate an infinite number of planes and to display ultrasound planes traditionally inaccessible by two-dimensional

ultrasonography. Despite these technical advantages, proof of a clinical advantage of three-dimensional ultrasonography in prenatal diagnosis in general is still lacking.”

The Society of Maternal Fetal Medicine specifically addresses what is often considered a level II screening U/S or routine U/S, stating:

“CPT 76811 is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies.

It is felt by all organizations involved in the codes development and description that only one medically indicated CPT 76811 per pregnancy, per practice is appropriate. Once this detailed fetal anatomical exam (76811) is done, a second one should not be performed unless there are extenuating circumstances with a new diagnosis. It is appropriate to use CPT 76811 when a patient is seen by another maternal-fetal medicine specialist practice, for example, 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.

Follow-up ultrasound for CPT 76811 should be CPT 76816 when doing a focused assessment of fetal size by measuring the BPD [biparietal diameter], abdominal circumference, femur length, or other appropriate measurements, OR a detailed re-examination of a specific organ or system known or suspected to be abnormal. CPT 76805 would be used 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 adnexa when visible when appropriate.”

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Coding Implications

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CPT® Codes Covered When Supported by Appropriate Diagnosis

| CPT Codes | Description |
|------------------|---|
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 day), transabdominal approach; single or first gestation |
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥14 weeks 0 day), transabdominal approach; single or first 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 |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |

CPT Codes considered Not Medically Necessary:

| CPT Codes | Description |
|------------------|---|
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; not requiring image post-processing on an independent workstation |
| 76377 | requiring image post-processing on an independent workstation |

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ICD-10-CM Diagnosis Codes that Support Medical Necessity for Standard Ultrasounds

| ICD-10-CM Code | Description |
|---|--|
| O02.0 – O02.9 | Other abnormal products of conception |
| O03.9 | Complete or unspecified spontaneous abortion without complication |
| O09.00 - O09.93 | Supervision of high risk pregnancy |
| O10.011 - O26.93, O28.0 – O28.9 O29.011 – O30.019, O30.031 – O35.6xx9, O35.8xx+ - O36.819+, O36.891+ - O92.79, O98.011 – O9a.53 | Maternal disorders predominantly related to pregnancy and childbirth |
| Z32.01 | Encounter for pregnancy test, result positive |
| Z34.00 – Z34.93 | Encounter for supervision of normal pregnancy |
| Z36 | Encounter for antenatal screening of mother |

ICD-10 Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound

| ICD-10-CM Code | Description |
|-----------------------|--------------------------|
| B06.00 – B06.9 | Rubella [German measles] |

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| ICD-10-CM Code | Description |
|---|---|
| B50.0 – B54 | Malaria |
| B97.6 | Parvovirus as the cause of diseases classified elsewhere |
| E66.01 | Morbid (severe) obesity due to excess calories [severe obesity with a BMI of 35 or>] |
| O09.511 – O09.519 | Supervision of elderly primigravida |
| O09.521 – O09.529 | Supervision of elderly multigravida |
| O09.811 – O09.819 | Supervision of pregnancy resulting from assisted reproductive technology |
| O24.011 – O24.019, O24.111 – O24.119, O24.311 – O24.319, O24.811 – O24.819, O24.911 – O24.919 | Diabetes mellitus in pregnancy |
| O30.001 – O30.099 | Twin pregnancy |
| O30.101 – O30.199 | Triplet pregnancy |
| O30.201 – O30.299 | Quadruplet pregnancy |
| O31.10x+ - O31.23x+ | Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more |
| O33.6xx+ | Maternal care for disproportion due to hydrocephalic fetus |
| O33.7xx+ | Maternal care for disproportion due to other fetal deformities |
| O35.0xx+ | Maternal care for (suspected) central nervous system malformation in fetus |
| O35.1xx+ | Maternal care for (suspected) chromosomal abnormality in fetus |
| O35.2xx+ | Maternal care for (suspected) hereditary disease in fetus |
| O35.3xx+ | Maternal care for (suspected) damage to fetus from viral disease in mother |
| O35.4xx+ | Maternal care for (suspected) damage to fetus from alcohol |
| O35.5xx+ | Maternal care for (suspected) damage to fetus by drugs |
| O35.6xx+ | Maternal care for (suspected) damage to fetus by radiation |
| O35.8xx+ | Maternal care for other (suspected) fetal abnormality and damage |
| O35.9xx+ | Maternal care for (suspected) fetal abnormality and damage, unspecified |
| O36.011+ - O36.099+ | Maternal care for rhesus isoimmunization |
| O36.111+ - O36.199+ | Maternal care for other isoimmunization |
| O36.511+ - O36.599+ | Maternal care for other known or suspected poor fetal growth |
| O40.1xx+ - O40.9xx+ | Polyhydramnios |
| O41.00x+ - O41.03x+ | Oligohydramnios |
| O69.81x+ - O69.89x+ | Labor and delivery complicated by other cord complications |
| O71.9 | Obstetric trauma, unspecified |

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| ICD-10-CM Code | Description |
|---|--|
| O76 | Abnormality in fetal heart rate and rhythm complicating labor and delivery |
| O98.311 – O98.319, O98.411 – O98.419, O98.511 – O98.519, O98.611 – O98.619, O98.711 – O98.719, O98.811 – O98.819 | Other maternal infectious and parasitic diseases complicating pregnancy |
| O99.320 – O99.323 | Drug use complicating pregnancy |
| O99.411 – O99.419 | Diseases of the circulatory system complicating pregnancy |
| Q04.8 | Other specified congenital malformations of brain [choroid plexus cyst] |
| Q30.1 | Agenesis and underdevelopment of nose [absent or XXXypoplastic nasal bone] |
| Q62.0 | Congenital hydronephrosis [fetal pyelectasis] |
| Q71.811 – Q71.819 | Congenital shortening of upper limb [humerus] |
| Q72.811 – Q72.819 | Congenital shortening of lower limb [femur] |
| Q92.0 – Q92.9 | Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy] |
| R93.5 | Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum |
| R93.8 | Abnormal findings on diagnostic imaging of other specified body structures |
| Z68.35 – Z68.45 | Body mass index (BMI) 35.0 – 70 or greater, adult |

ICD-10-CM Diagnosis Codes that Support Medical Necessity for > Six Transvaginal Ultrasounds

| ICD-10-CM Code | Description |
|----------------|--|
| O26.872 | Cervical shortening, second trimester |
| O26.879 | Cervical shortening, unspecified trimester |
| O34.30 | Maternal care for cervical incompetence, unspecified trimester |
| O34.31 | Maternal care for cervical incompetence, first trimester |
| O34.32 | Maternal care for cervical incompetence, second trimester |
| O34.40 | Maternal care for other abnormalities of cervix, unspecified trimester |
| O34.41 | Maternal care for other abnormalities of cervix, first trimester |
| O34.42 | Maternal care for other abnormalities of cervix, second trimester |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|-------|---------------|
| Policy created & reviewed by Obstetrical specialist | 01/11 | 01/11 |
| Reviewed with no changes Obstetrical specialist reviewed | 02/12 | 03/12 |
| Reviewed with no changes | 04/13 | 05/13 |

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| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|-------|---------------|
| Nuchal translucency removed Divided criteria into first and second trimester Added indications for transvaginal ultrasound Obstetrical specialist reviewed | 05/14 | 08/14 |
| Reformatted policy Added ICD-9 and ICD-10 codes for when a standard ultrasound would be appropriate Obstetrical specialist reviewed Removed prior authorization language | 08/15 | 08/15 |
| Removed ICD-9 codes | 11/15 | |
| Added follow-up ultrasound as an alternative in Policy/Criteria sections I and II | 02/16 | |
| Reviewed with no criteria changes. | 08/16 | 08/16 |
| Allowed up to 6 TVU per pregnancy and added ICD-10 codes indicating when > 6 TVUs are appropriate | 11/16 | |
| Added to ICD-10 code list for standard ultrasounds: O02.0 – O02.9, O03.9, O28.0 – O28.9, Z32.01 | 01/17 | |

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional

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medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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