

Clinical Policy: Ultrasound in Pregnancy

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[Revision Log](#)
[Coding Implications](#)

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 ultrasound assessment (76815) 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 ultrasound assessment (76815) 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.

CLINICAL POLICY
Ultrasound in Pregnancy

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. Four (4) *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 based on the following parameters:

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 conditions 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

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 diagnosis 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 program for 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

CLINICAL POLICY

Ultrasound in Pregnancy

- Evaluation of suspected amniotic fluid abnormalities
- 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 a premature delivery, 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

CLINICAL POLICY

Ultrasound in Pregnancy

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, 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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CLINICAL POLICY
Ultrasound in Pregnancy

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Coding Implications

The following is a list of procedures codes for which coverage may be provided when billed with a diagnosis code(s) that supports medical necessity criteria (see list of ICD-10-CM codes supporting medical necessity further below). They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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, first trimester (≥14 weeks 0 day), transabdominal approach; single or first gestation

CLINICAL POLICY
Ultrasound in Pregnancy

CPT Codes	Description
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
O09.00 - O09.93	Supervision of high risk pregnancy
O10.011 - O26.93, 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
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]
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,	Diabetes mellitus in pregnancy

CLINICAL POLICY
Ultrasound in Pregnancy

ICD-10-CM Code	Description
O24.311 - O24.319, O24.811 - O24.819, O24.911 - O24.919	
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
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

CLINICAL POLICY
Ultrasound in Pregnancy



ICD-10-CM Code	Description
	cyst]
Q30.1	Agensis and underdevelopment of nose [absent or hypoplastic 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

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
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	11/15

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