Obstetrical ultrasound examination

Clinical Policy ID: CCP.8006.04

Recent review date: 7/2020
Next review date: 7/2022

Policy contains: Anomaly; high-risk pregnancy; multiple gestation; pregnancy

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana’s clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of “medically necessary,” and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana’s clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana’s clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana’s clinical policies are not guarantees of payment.

Coverage policy

Obstetrical ultrasound to evaluate, detect, and monitor fetal development during pregnancy is considered medically necessary. The plan will cover two (2) obstetric ultrasound examinations per pregnancy (or as otherwise required by state law, regulation, state Medicaid contract, or provider contract) without prior authorization.

- Obstetrical ultrasounds in excess of two per pregnancy are medically necessary for high-risk pregnancies. The claim should include the appropriate ICD-10-CM high-risk diagnosis. Prior authorization is not required.
- Obstetrical ultrasounds performed in an emergency department (place of service 23) do not count toward the per pregnancy ultrasound total and do not require prior authorization.
- Inpatient obstetrical ultrasounds do not count toward the per pregnancy ultrasound total and do not require prior authorization.

Obstetrical ultrasound codes addressed under this policy include, but not necessarily limited to: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, and 76819.

Limitations

- Obstetric ultrasound examinations are not considered medically necessary for the purpose of determining fetal sex or for production of photographic memory keepsakes (American College of Obstetricians and Gynecologists 2016).
• Three-dimensional (3-D) or four-dimensional (4-D) ultrasounds are investigational and therefore not considered medically necessary (American College of Obstetricians and Gynecologists, 2016).

**Background**

The use of low-power obstetrical ultrasound has proved useful to obstetricians to assess anatomic fetal development and growth, screen for evidence of aneuploidy or screen for other obstetrical abnormalities, such as amniotic fluid volume, and cervical or placental concerns. However, there is controversy about the appropriateness of their use. The number of ultrasounds in pregnancy increased from 1.5 examinations per pregnancy in 1995 – 1997 to 2.7 ultrasounds per pregnancy in 2005 – 2006, with increases among both low-risk and high-risk pregnancies (Siddique, 2009).

**Findings**

Two professional guidelines form the basis for this policy: those from American College of Radiology/American College of Obstetricians and Gynecologists/American Institute of Ultrasound in Medicine/Society of Radiologists in Ultrasound and those from the American College of Obstetricians and Gynecologists.

The American College of Radiology/American College of Obstetricians and Gynecologists/American Institute of Ultrasound in Medicine/Society of Radiologists in Ultrasound practice guidelines, most recently revised in 2018, recommend that “fetal ultrasound should be performed only when there is a valid medical reason, and the lowest possible ultrasonic exposure settings should be used to gain the necessary diagnostic information.” Ultrasound examinations are performed within different obstetrical trimesters for different conditions. The list of indications was developed on a consensus basis, and includes:

The American College of Radiology and its collaborations list standard indications for first trimester ultrasound examinations as including:

- Confirmation of the presence of an intrauterine pregnancy.
- Confirmation of cardiac activity.
- Estimation of gestational age.
- Diagnosis or evaluation of multiple gestations, including determination of chorionicity.
- Evaluation of a suspected ectopic pregnancy.
- Evaluating the cause of vaginal bleeding.
- Evaluation of pelvic pain.
- Evaluation of suspected gestational trophoblastic disease.
- Assessing for certain fetal anomalies, such as anencephaly.
- Measuring the nuchal translucency when part of a screening program for fetal aneuploidy.
- Imaging as an adjunct to chorionic villus sampling, embryo transfer, and localization and removal of an intrauterine device.
- Evaluation of maternal pelvic masses and/or uterine abnormalities.
- The American College of Radiology and its collaborations list standard indications for second and third semester ultrasound examination are to assess fetal anatomy and biometry. Additional indications include the following:
  - Screening for fetal anomalies.
  - Evaluation of fetal anatomy.
  - Estimation of gestational age.
  - Evaluation of suspected multiple gestation.
  - Evaluation of cervical length.
• Evaluation of fetal growth.
• Evaluation of significant discrepancy between uterine size and clinical dates.
• Determination of fetal presentation.
• Evaluation of fetal well-being.
• Suspected amniotic fluid abnormalities.
• Evaluation of premature rupture of membranes and/or premature labor.
• Evaluation of vaginal bleeding.
• Evaluation of abdominal or pelvic pain.
• Suspected placental abruption.
• Suspected fetal death.
• Follow-up evaluation of a fetal anomaly.
• Evaluation/follow-up of placental appearance and location. Includes suspected placenta previa, vasa previa, and abnormally adherent placenta.
• Adjunct to amniocentesis or other procedure.
• Adjunct to external cephalic version.
• Evaluation of suspected gestational trophoblastic disease.
• Evaluation of pelvic mass.
• Suspected uterine anomalies (American College of Radiology, 2018).

The American College of Obstetricians and Gynecologists' most recent update of its Practice Bulletin for ultrasound in pregnancy was published in 2016, and cites a previous version of American College of Radiology guidelines amended in 2014. The American College of Obstetricians and Gynecologists lists indications for ultrasound in the first semester of pregnancy as including the following:

• To confirm the presence of an intrauterine pregnancy.
• To evaluate a suspected ectopic pregnancy.
• To evaluate vaginal bleeding.
• To evaluate pelvic pain.
• To estimate gestational age.
• To diagnose or evaluate multiple gestations.
• To confirm cardiac activity.
• As adjunct to chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device.
• To assess for certain fetal anomalies, such as anencephaly, in patients at high risk.
• To evaluate maternal pelvic or adnexal masses or uterine abnormalities.
• To screen for fetal aneuploidy.
• To evaluate suspected hydatidiform mole.
• The American College of Obstetricians and Gynecologists lists indications for second- and third-trimester ultrasonography as including, but not limited to, the following:

• Screening for fetal anomalies.
• Evaluation of fetal anatomy.
• Estimation of gestational age.
• Evaluation of fetal growth.
• Evaluation of vaginal bleeding.
• Evaluation of abdominal or pelvic pain.
• Evaluation of cervical insufficiency.
• Determination of fetal presentation.
• Evaluation of suspected multiple gestation.
• Adjunct to amniocentesis or other procedure.
• Evaluation of a significant discrepancy between uterine size and clinical dates.
• Evaluation of a pelvic mass.
• Evaluation of a suspected hydatidiform mole.
• Adjunct to cervical cerclage placement.
• Suspected ectopic pregnancy.
• Suspected fetal death.
• Suspected uterine abnormalities.
• Evaluation of fetal well-being.
• Suspected amniotic fluid abnormalities.
• Suspected placental abruption.
• Adjunct to external cephalic version.
• Evaluation of prelabor rupture of membranes or premature labor:
• Evaluation of abnormal biochemical markers.
• Follow-up evaluation of a fetal anomaly.
• Follow-up evaluation of placental location for suspected placenta previa.
• History of previous congenital anomaly.
• Evaluation of the fetal condition in late registrants for prenatal care.
• Assessment for findings that may increase the risk of aneuploidy (American College of Obstetricians and Gynecologists, 2016).

References
On June 24, 2020, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “obstetrical ultrasound.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.


**Policy updates**

7/2020: initial review date and clinical policy effective date: 8/2020

**Appendix**

High Risk ICD-10-CM Fetal Ultrasound Diagnosis codes:

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