



**BlueCross BlueShield  
of Alabama**

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**Name of Blue Advantage Policy:**  
**Ultrasounds in Maternity Care**

Policy #: 016  
Category: OB

Latest Review Date: January 2020  
Policy Grade: A

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**BACKGROUND:**

*Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational\*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
  - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
  - *Furnished in a setting appropriate to the patient's medical needs and condition;*
  - *Ordered and furnished by qualified personnel;*
  - *One that meets, but does not exceed, the patient's medical need; and*
  - *At least as beneficial as an existing and available medically appropriate alternative.*

*\*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare** for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

## **POLICY:**

### **Effective for dates of service on or after March 1, 2017:**

**Blue Advantage** will treat **ultrasounds in maternity care** as a **covered benefit** for normal pregnancy when **up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department.**

**Appropriate use** of ultrasounds for normal pregnancy would be **between 6-10 weeks'** gestation for dating purposes **and between 16-22 weeks'** gestation to determine organ development and fetal anatomy.

In some cases, the pregnancy may be considered high risk during the first two ultrasounds and the patient's condition may improve as the pregnancy progresses. In those cases, if the non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation, they should yield information regarding dating and fetal anatomy. **Additional routine ultrasounds** are treated as a **non-covered benefit** by **Blue Advantage**.

**Blue Advantage** will treat **ultrasounds in excess of two for normal pregnancy** as a **non-covered benefit**. Patients will be held harmless for these ultrasounds unless a waiver is signed by the patient for a specific ultrasound on a specific date.

**Follow up ultrasound for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy** are treated as a **covered benefit** by **Blue Advantage**.

The following criteria are used to determine if a non-routine ultrasound meets medical criteria for coverage:

- Ultrasounds to determine fetal growth less than or greater than gestational age should only be performed if there is a discrepancy of two or more weeks in fundal height and gestational age documented on two consecutive visits.
- When indicated, maternity ultrasounds performed for fetal growth may be considered medically necessary when performed at least 4 weeks apart. An exception will be made for fetuses with an estimated fetal weight (EFW) by USG of less than the 15th percentile. In those cases, obstetrical USG's for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart.
- Advanced maternal age is defined as age 35 or over.
- Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table).
- Ultrasounds for decreased fetal movement would may be considered medically necessary after a failed kick-count. These ultrasounds would not be medically necessary in early gestation (less than 20 weeks).
- Multiple Gestation;
  - ⊖ Twins:
    - Monochorionic:
      - Serial ultrasounds every 2-3 weeks beginning at 16 weeks.

- Dichorionic:
      - Serial ultrasounds every 4-6 weeks beginning at 20 weeks.
    - Three or more fetuses:
      - appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery
  - Ultrasounds may be considered medically necessary on patients with diabetes mellitus which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28
  - Patients on antihypertensive medication or with elevated blood pressure could have an ultrasound every 4 weeks beginning with week 28
  - One ultrasound in the last month of pregnancy can be performed to verify a breech or other malpositioned fetus
  - In women with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
  - Follow up ultrasounds for asymptomatic placenta previa noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound.

Medical records may be audited on a post payment basis to determine if the above criteria have been met or if the diagnosis code has been reported accurately. Refunds may be requested based on the results of these audits.

**Blue Advantage** will treat **the use of three-dimensional (3D) ultrasound (use of CPT codes 76376 or 76377 with 76801-76817)** as a **non-covered benefit** and as **investigational**. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

**Blue Advantage** will treat **transvaginal and transabdominal ultrasounds performed on the same date of service** as a **non-covered benefit**.

Individual consideration will be given to cases where there is specific documentation in the patient's medical record to perform both a transvaginal and transabdominal ultrasound on the same date of service. This documentation must include:

- The suspected condition; and
- Failure of the initial ultrasound to diagnose or confirm suspicions.

**Blue Advantage** will treat **ultrasounds in maternity care** as a **non-covered benefit unless billed at the appropriate CPT code (as determined by the current CPT Standard Edition) indicated for the scan. See Key Points**

**Blue Advantage** will treat **a detailed or targeted anatomic examination (76811)** as a **covered benefit only when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination or when the mother is obese as defined by BMI of 30 or greater. See Key Points**

**Blue Advantage will treat serial screening ultrasounds to assess for fetal anatomy and fetal organ development in patients at low risk for congenital abnormalities as a non-covered benefit.**

**Blue Advantage will treat maternity ultrasounds for cervical length assessment\* as a covered benefit when performed between 16 and 24 weeks gestation in patients with a history of cervical insufficiency (i.e. preterm birth <34 weeks or spontaneous/unexplained premature rupture of membranes <34 weeks). If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.**

**\*Blue Advantage will treat maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor as a non-covered benefit.**

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**Effective for dates of service on or after August 22, 2016 and prior to March 1, 2017:**  
**Blue Advantage will treat ultrasounds in maternity care as a covered benefit for normal pregnancy when up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department.**

**Appropriate use** of ultrasounds for normal pregnancy would be **between 6-10 weeks'** gestation for dating purposes **and between 16-22 weeks'** gestation to determine organ development and fetal anatomy.

In some cases, the pregnancy may be considered high risk during the first two ultrasounds and the patient's condition may improve as the pregnancy progresses. In those cases, if the non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation, they should yield information regarding dating and fetal anatomy. **Additional routine ultrasounds** are treated as a **non-covered benefit** by **Blue Advantage**.

**Blue Advantage** will treat **ultrasounds in excess of two for normal pregnancy** as a **non-covered benefit**. Patients will be held harmless for these ultrasounds unless a waiver is signed by the patient for a specific ultrasound on a specific date.

**Follow up ultrasound for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy** are treated as a **covered benefit** by **Blue Advantage**.

The following criteria are used to determine if a non-routine ultrasound meets medical criteria for coverage:

- Ultrasounds to determine fetal growth less than or greater than gestational age should only be performed if there is a discrepancy of two or more weeks in fundal height and gestational age documented on two consecutive visits;
- When indicated, maternity ultrasounds performed for fetal growth are only treated as a **covered benefit** by **Blue Advantage** when performed at least 4 weeks apart. An

exception will be made for fetuses with an estimated fetal weight (EFW) by USG of less than the 15th percentile. In those cases, obstetrical USG's for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart;

- Advanced maternal age is defined as age 35 or over;
- Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table);
- Ultrasounds for decreased fetal movement would be considered medically necessary after a failed kick-count. These ultrasounds would not be medically necessary in early gestation (less than 20 weeks);
- Multiple Gestation:
  - Twins----appropriate every 4 weeks beginning at 28 weeks;
  - Three or more fetuses----appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery;
- Ultrasounds would be considered medically necessary on patients with diabetes mellitus which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28;
- Patients on antihypertensive medication or with elevated blood pressure could have an ultrasound every 4 weeks beginning with week 28;
- One ultrasound in the last month of pregnancy can be performed to verify a breech or other malpositioned fetus;
- In women with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications;
- Follow up ultrasounds for asymptomatic placenta previa noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound.

Medical records may be audited on a post payment basis to determine if the above criteria have been met or if the diagnosis code has been reported accurately. Refunds may be requested based on the results of these audits.

**Blue Advantage** will treat **the use of three-dimensional (3D) ultrasound (use of CPT codes 76376 or 76377 with 76801-76817)** as a **non-covered benefit** and as **investigational**. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

**Blue Advantage** will treat **transvaginal and transabdominal ultrasounds performed on the same date of service** as a **non-covered benefit**.

Individual consideration will be given to cases where there is specific documentation in the patient's medical record to perform both a transvaginal and transabdominal ultrasound on the same date of service. This documentation must include:

- The suspected condition; and
- Failure of the initial ultrasound to diagnose or confirm suspicions.

**Blue Advantage will treat ultrasounds in maternity care as a non-covered benefit unless billed at the appropriate CPT code (as determined by the current CPT Standard Edition) indicated for the scan. See Key Points**

**Blue Advantage will treat a detailed or targeted anatomic examination (76811) as a covered benefit only when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination or when the mother is obese as defined by BMI of 30 or greater. See Key Points**

**Blue Advantage will treat serial screening ultrasounds to assess for fetal anatomy and fetal organ development in patients at low risk for congenital abnormalities as a non-covered benefit.**

**Blue Advantage will treat maternity ultrasounds for cervical length assessment\* as a covered benefit when performed between 16 and 24 weeks gestation in patients with a history of cervical insufficiency (i.e. preterm birth <34 weeks or spontaneous/unexplained premature rupture of membranes <34 weeks) ~~historical risk factors for cervical insufficiency~~. If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.**

**\*Blue Advantage will treat maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor as a non-covered benefit.**

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**Effective for dates of services on or after July 6, 2014 and prior to August 22, 2016:**

**Blue Advantage will treat Ultrasounds in maternity care as a covered benefit for normal pregnancy when up to two ultrasounds are performed per pregnancy in the outpatient setting, including the Emergency Department. Appropriate use of ultrasounds for normal pregnancy would be between 6-10 weeks' gestation for dating purposes and between 16-22 weeks' gestation to determine organ development and fetal anatomy.**

In some cases, the **pregnancy may be considered high risk during the first two ultrasounds** and the **patient's condition may improve as the pregnancy progresses**. In those cases, if the **non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation**, they should yield information regarding dating and fetal anatomy. **Blue Advantage will treat two additional routine ultrasounds as a non-covered benefit.**

**Blue Advantage will treat Ultrasounds in excess of two for normal pregnancy as a non-covered benefit.**

Follow up ultrasound may be indicated for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy.

The following criteria will be used to determine if a non-routine ultrasound will be considered to meet medical criteria for coverage:

- Ultrasounds to determine **fetal growth less than or greater than gestational age** should only be performed if there is a discrepancy of **two or more weeks** in fundal height and gestational age documented on **two consecutive visits**
  - When indicated, maternity ultrasounds performed **for fetal growth only meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **performed at least 4 weeks apart**. An exception will be made for fetuses with an estimated fetal weight (EFW) by USG of less than the 15<sup>th</sup> percentile. In those cases, obstetrical USG's for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart.
    - **Advanced maternal age** is defined as age 35 or over
    - **Obesity** is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table)
  - Ultrasounds for **decreased fetal movement** would be considered medically necessary after a failed kick-count. These ultrasounds **would not** be medically necessary in **early gestation (less than 20 weeks)**
- **Multiple Gestation;**
  - Twins----appropriate every 4 weeks beginning at 28 weeks
  - Three or more fetuses----appropriate monthly until 24 weeks, every two weeks until 32 weeks, weekly after 32 weeks until delivery
    - Ultrasounds would be considered medically necessary on patients with **insulin dependent diabetes mellitus** which was present prior to pregnancy and for patients with gestational diabetes requiring insulin or oral agents for maximum blood glucose control every 4 weeks beginning at week 28
    - Patients on **antihypertensive medication** or with **elevated blood pressure** could have an ultrasound every 4 weeks beginning with week 28
    - One ultrasound in the last month of pregnancy can be performed to verify a **breech** or **other malpositioned** fetus
  - In women with **abnormal AFP**, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
    - Follow up ultrasounds for **asymptomatic placenta previa** noted on ultrasound is not indicated until the third trimester and only if the placenta previa is complete or marginal on a previous ultrasound.

Medical records may be audited on a post payment basis to determine if the above criteria have been met or if the ICD-9 diagnosis code has been reported accurately. Refunds may be requested based on the results of these audits.

**Blue Advantage** will treat the use of **three-dimensional (3D) ultrasound** (use of CPT codes 76376 or 76377 with 76801-76817) as a **non-covered** benefit and as **investigational**. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

**Blue Advantage** will treat **transvaginal and transabdominal ultrasounds** performed on the **same date of service** as a **non-covered** benefit.

Individual consideration will be given to cases where there is specific documentation in the patient's medical record to perform both a transvaginal and transabdominal ultrasound on the same date of service. This documentation must include:

- The suspected condition; **and**
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**Blue Advantage** will treat a **detailed or targeted anatomic examination (76811)** as a **covered** benefit only when **an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination or when the mother is obese as defined by BMI of 30 or greater**. See Key Points

**Blue Advantage** will treat **serial screening ultrasounds to assess for fetal anatomy and fetal organ development** in patients at **low risk for congenital abnormalities** as a **non-covered** benefit.

**Blue Advantage** will treat **maternity ultrasounds for cervical length assessment** as a **covered** benefit when performed between 16 and 24 weeks **gestation in patients with historical risk factors for cervical insufficiency**. If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.

**Blue Advantage** will treat **\*maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor** as a **non-covered** benefit.

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In some cases, the **pregnancy may be considered high risk during the first two ultrasounds** and the **patient's condition may improve as the pregnancy progresses**. In those cases, if the **non-routine ultrasounds are performed between 6-10 weeks or 16-20 weeks gestation**, they should yield information regarding dating and fetal anatomy. **Blue Advantage** will treat **two additional routine** ultrasounds as a **non-covered** benefit.

**Blue Advantage** will treat **Ultrasounds in excess of two** for normal pregnancy as a **non-covered** benefit.



Follow up ultrasound may be indicated for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy.

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  - Ultrasounds for **decreased fetal movement** would be considered medically necessary after a failed kick-count. These ultrasounds **would not** be medically necessary in **early gestation (less than 20 weeks)**
- **Multiple Gestation;**
  - Twins---appropriate every 4 weeks beginning at 28 weeks
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    - Patients on **antihypertensive medication** or with **elevated blood pressure** could have an ultrasound every 4 weeks beginning with week 28
    - One ultrasound in the last month of pregnancy can be performed to verify a **breech or other malpositioned** fetus
  - In women with **abnormal AFP**, if the ultrasound at 16-22 weeks' gestation is normal, it is not medically necessary to repeat the ultrasound in the absence of any other indications
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**Blue Advantage** will treat **ultrasounds in maternity care** as a **non-covered** benefit **unless billed at the appropriate CPT code** (as determined by the current CPT Standard Edition) indicated for the scan. See Key Points

**Blue Advantage** will treat a **detailed or targeted anatomic examination (76811)** as a **covered** benefit only when **an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination.** See Key Points

**Blue Advantage** will treat **serial screening ultrasounds to assess for fetal anatomy and fetal organ development** in patients at **low risk for congenital abnormalities** as a **non-covered** benefit.

**Blue Advantage** will treat **maternity ultrasounds for cervical length assessment** as a **covered** benefit when performed between 16 and 24 weeks **gestation in patients with historical risk factors for cervical insufficiency.** If the cervical length during this time is normal then ultrasounds for cervical length assessment only meet for coverage when performed at least two weeks apart.

**Blue Advantage** will treat **\*maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor** as a **non-covered** benefit.

**See Policy #231 for Fetal Echography**

**See Policy #232 for Biophysical Fetal Profile**

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

## **DESCRIPTION OF PROCEDURE OR SERVICE:**

Ultrasound is the transmission of high-frequency sound waves through tissues of varying densities. Piezoelectric crystals within a transducer transmit the echoes produced by the sound waves at interfaces between tissues. The transducer is a hand-held device passed over the abdominal surface. Images created by the echoes of the sound waves are transmitted from the transducer to a CRT or television monitor. The most common frequencies of sound waves used in OB/GYN ultrasound are 2-5 MHz.

Ultrasound may provide valuable information about fetal health including:

- Age of the fetus
- Rate of growth of the fetus
- Placement of the placenta
- Fetal position, movement, breathing and heart rate
- Amount of amniotic fluid in the uterus
- Number of fetuses
- Some birth defects

## **KEY POINTS:**

The most recent literature review was updated through January 9, 2020.

Per the American Medical Association Current Procedural Terminology (CPT):

Codes 76801 and 76802 include determination of the number of gestational sacs and fetuses, gestational sac/fetal measurements appropriate for gestation (younger than 14 weeks 0 days), survey of visible fetal and placental anatomic structure, qualitative assessment of amniotic fluid volume/gestational sac shape and examination of the maternal uterus and adnexa.

Codes 76805 and 76810 include determination of number of fetuses and amniotic/chorionic sac, measurements appropriate for gestational age (older than or equal to 14 weeks 0 days), survey of intracranial/spinal/abdominal anatomy, four chambered heart, umbilical cord insertion site, placenta location and amniotic fluid assessment and, when visible, examination of maternal adnexa.

Codes 76811 and 76812 include all elements of codes 76805 and 76810 plus detailed anatomic evaluation of the fetal brain/ventricles, face, heart/outflow tracts and chest anatomy, abdominal organ specific anatomy, number/length/architecture of limbs and detailed evaluation of the umbilical cord and placenta and other fetal anatomy as clinically indicated.

Report should document the results of the evaluation of each element described above or the reason for non-visualization.

Code 76815 represents a focused “quick look” exam limited to the assessment of one or more of the elements listed in the code.

Code 76816 describes an examination designed to reassess fetal size and interval growth or reevaluate one or more anatomic abnormalities of a fetus previously demonstrated on ultrasound, and should be coded once for each fetus requiring reevaluation using modifier 50 for each fetus after the first.

Code 76817 describes a transvaginal obstetric ultrasound performed separately or in addition to one of the transabdominal examinations described above.

The American College of Obstetricians and Gynecologists (ACOG) uses the terms “standard”, “limited”, and “specialized” to describe various types of ultrasound examinations performed during pregnancy.

A standard ultrasound examination includes an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey.

A limited examination would be performed to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation in a laboring patient. A limited examination also may be performed in any trimester to evaluate internal growth, estimate amniotic fluid volume, evaluate the cervix, and assess the presence of cardiac activity.

A specialized examination is a detailed or targeted anatomic examination performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the result of either the limited or standard ultrasound examination.

## **Practice Guidelines and Position Statements**

### **American College of Obstetrics and Gynecology**

In 2018, ACOG reaffirmed Practice Bulletin No. 175- Ultrasounds in Pregnancy. They state the following:

#### Essential Elements of Standard Examination of Fetal Anatomy

- Head, Face and Neck\*
  - Cerebellum
  - Choroid plexus
  - Cisterna magna
  - Lateral cerebral ventricles
  - Midline flex
  - Cavum septi pellucidi
  - Upper lip
- Chest-heart (the basic cardiac examination includes a four chamber view of the fetal heart. As part of the cardiac screening examination, an attempt should be made if technically feasible, to view the outflow tracts.)
- Abdomen
  - Stomach (presence, size, and situs)
  - Kidneys
  - Bladder
  - Umbilical cord insertion site into the fetal abdomen

- Umbilical cord vessel number
- Spine-cervical, thoracic, lumbar and sacral spine
- Extremities-legs and arms (presence or absence)
- Sex-in multiple gestations and when medically indicated in low-risk pregnancies

\*A measurement of the nuchal fold may be helpful during a specific age interval to suggest an increased risk of aneuploidy.

In 2019, ACOG reaffirmed their Practice Bulletin No.145 – Antepartum Fetal Surveillance. They state that “the goal of antepartum fetal surveillance is to prevent fetal death. Antepartum fetal surveillance techniques based on assessment of fetal heart rate patterns have been used in clinical use for almost three decades. More recently, real-time ultrasonography and Doppler velocimetry have been used to evaluate fetal well-being. Antepartum fetal surveillance techniques are now routinely used to assess the risk of fetal death in pregnancies complicated by preexisting maternal conditions (e.g., Type 1 diabetes mellitus) as well as those in which complications have developed (e.g., intrauterine growth restriction).”

**KEY WORDS:**

Ultrasound, sonogram, transvaginal ultrasound, transabdominal ultrasound, ultrasound screening, high-risk pregnancy, three-dimensional (3D) ultrasound, 3D ultrasound

**APPROVED BY GOVERNING BODIES:**

Not applicable

**BENEFIT APPLICATION:**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

**CURRENT CODING:**

**CPT Codes:**

<b>76801</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
<b>76802</b>	; each additional gestation
<b>76805</b>	Ultrasound pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
<b>76810</b>	Ultrasound pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days),

	transabdominal approach; each additional gestation
<b>76811</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
<b>76812</b>	; each additional gestation
<b>76815</b>	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
<b>76816</b>	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
<b>76817</b>	Ultrasound, pregnant uterus, real time with image documentation, transvaginal

## REFERENCES:

1. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Antepartum fetal surveillance, No. 9, October 1999 (reaffirmed July 2014).
2. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Gestational diabetes. No 30, September 2001.
3. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Ultrasonography in pregnancy. No 101, February 2009.
4. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologist, Assessment of risk factors for preterm birth. No. 31, October 2001.
5. ACOG Practice Bulletin. Antepartum Fetal Surveillance. No 145, July 2014 (Reaffirmed 2019).
6. ACOG Practice Bulletin. Multifetal Gestations: Twin, Triplet, and Higher-Order Multifetal Pregnancies. No 169, October 2016.
7. ACOG Practice Bulletin. Prediction and Prevention of Preterm Birth. Number 130, October 2012.
8. ACOG Practice Bulletin. Management of Preterm Labor. Number 159, January 2016.
9. ACOG Practice Bulletin. Ultrasounds in Pregnancy. Number 175, December 2016 (Reaffirmed 2018).
10. ACOG Committee Opinion. Obesity in pregnancy. Number 549; January 2013.
11. AETNA, Clinical Policy Bulletins. Antepartum Fetal Surveillance. May 9, 2003.
12. Alabama Perinatal Excellence Collaborative. Twin Pregnancy. June 30, 2015. Available at: [apecguidelines.org/guideline/twin-pregnancy/](http://apecguidelines.org/guideline/twin-pregnancy/). Accessed March 1, 2017.
13. Antenatal care of low risk pregnancies: ultrasound, Clinical Evidence 2001, 5:960-971.
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## **POLICY HISTORY:**

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14, 2005

Medical Policy Group, June 2005

Available for comment September 2-October 17, 2005

Medical Policy Group, December 2005

Available for comment December 27, 2005-February 9, 2006

Medical Policy Group, March 2006

Available for comment March 31-May 15, 2006

Medical Policy Group, August 2006

Medical Policy Group, September 2007  
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Medical Policy Group, March 2008  
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Medical Policy Group, September 2008  
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Medical Policy Group, May 2010  
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Medical Policy Group, September 2010  
Medical Policy Group, October 2013  
Medical Policy Group, April 2014  
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Medical Policy Group, August 2016  
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Medical Policy Group, March 2017  
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Medical Policy Group, January 2020

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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case by case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims, (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*