BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Ultrasounds in Pregnancy

Policy #: 016
Latest Review Date: April 2024
Category: OB

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:

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 **additional routine ultrasounds** as a **non-covered benefit** and as **investigational**.

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

Blue Advantage will treat **follow-up ultrasound for non-routine (high-risk) conditions possibly affecting the outcome of the pregnancy** as a **covered benefit.**

Blue Advantage will treat **non-routine ultrasounds** as a **covered benefit** for including, but not limited to, any of the following:

- Known or suspected maternity conditions or abnormalities such as:
    - Diabetes mellitus which was present prior to pregnancy beginning at 28 weeks of gestation
    - Gestational diabetes requiring insulin or oral agents for maximum blood glucose control beginning at 28 weeks of gestation
    - Patients requiring antihypertensive medication or with elevated blood pressure beginning at 28 weeks of gestation
    - Advanced maternal age (35 years of age or older)
    - Obesity is defined as 100 or more pounds over ideal body weight (as determined by the Metropolitan Height and Weight Table or BMI >30).
    - Sickle Cell anemia
    - Substance abuse
- Known or suspected fetal conditions or abnormalities such as:
    - Evaluating suspected fetal growth abnormality (either less than or greater than for gestational age), and to follow intrauterine growth restriction.
        - In most cases, evaluation every 3-4 weeks would be considered appropriate. 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 USGs for estimated fetal weight meet for coverage when performed at least 2 to 3 weeks apart;

    - Confirming suspected or following confirmed diagnosis of polyhydramnios or oligohydramnios;
    - Decreased fetal movement after a failed kick-count for gestational age of 20 weeks or more;
    - Twin to Twin transfusion syndrome
    - Fetal anemia
    - Known or suspected genetic or congenital anomaly
- 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

Blue Advantage will treat **one ultrasound in the last month of pregnancy** as a **covered benefit** to verify a breech or other malpositioned fetus.

In patients with abnormal AFP, if the ultrasound at 16-22 weeks' gestation is normal, **Blue Advantage** will treat a repeat ultrasound in the absence of any other indications as a **non-covered benefit** and as **investigational**.

Blue Advantage will treat follow-up ultrasounds for asymptomatic placenta previa noted on ultrasound as a **non-covered benefit** and as **investigational** 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**. If only a 3D study is performed, the two-dimensional portion of the ultrasound is covered per the above criteria.

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

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 with 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 patient 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** and as **investigational**.

Blue Advantage will **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.

*Maternity ultrasounds for cervical length assessment for patients with a history of or risk factors for preterm labor are considered **non-covered benefits** and as **investigational**.

See Policy #231 for Fetal Echography
See Policy #232 for Fetal Biophysical 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' contracts 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. Images created by the echoes of the sound waves are transmitted from a transducer to a CRT or television monitor.

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 April 1, 2024.

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, survey of visible fetal and placental anatomic structure, assessment of amniotic fluid volume/gestational sac shape and examination of the maternal uterus and adnexa for fetuses younger than 14 weeks 0 days.

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

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 2020, ACOG reaffirmed Practice Bulletin No. 175 (2016)- 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 flax
    - 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 2021, ACOG replaced Practice Bulletin No. 145 with no. 229 - Antepartum Fetal Surveillance. They state that "the goal of antepartum fetal surveillance is to reduce the risk of stillbirth. Antepartum fetal surveillance techniques based on assessment of fetal heart rate patterns have been used in clinical use for almost four decades and are used along with real-time ultrasonography…to evaluate fetal well-being. Antepartum fetal surveillance techniques are 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:

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

76810	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
76811	Ultrasound, pregnant uterus, real-time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	; each additional gestation
76815	Ultrasound, pregnant uterus, real-time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	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
76817	Ultrasound, pregnant uterus, real-time with image documentation, transvaginal

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2. ACOG Practice Bulletin. Antepartum Fetal Surveillance. No 145, July 2014 (Reaffirmed 2019).
3. ACOG Practice Bulletin. Antepartum fetal surveillance. No. 229; Interim update, June 2021.
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POLICY HISTORY:

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Medical Policy Group, March 2017
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Medical Policy Group, January 2020
Medical Policy Group, August 2021

Medical Policy Group, April 2022
Medical Policy Group, May 2023: Reviewed by consensus. Clarification and updated verbiage in policy section. Intent unchanged.
UM Committee, December 2023: Policy approved by UM Committee for use for Blue Advantage business.
Medical Policy Group, April 2024: Reviewed per consensus. No new literature is available to alter the coverage stance.
UM Committee, April 2024: Annual review of policy approved by UM Committee for use for Blue Advantage business.
