Medical Policy

Obstetrical Ultrasound & Ultrasound for Family Planning

Table of Contents
- Policy: Commercial
- Coding Information
- Information Pertaining to All Policies
- Policy: Medicare
- Description
- References
- Authorization Information
- Policy History
- Endnotes

Policy Number: 007
BCBSA Reference Number: 4.01.07A (For Plans internal use only)

Related Policies
N/A

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

One routine ultrasound for normal risk pregnancy during the first trimester is considered MEDICALLY NECESSARY for the following indications:
- To confirm the presence of an intrauterine pregnancy
- To estimate gestational age.

One routine ultrasound for normal risk pregnancy is considered MEDICALLY NECESSARY in the second trimester (generally between 18-20 weeks) to survey fetal anatomy and generate an accurate estimation of gestational age.

One routine ultrasound for normal risk pregnancy is considered MEDICALLY NECESSARY in the third trimester for the following indications:
- To determine fetal presentation
- To evaluate fetal condition in late registrants for prenatal care.

In addition to the above criteria, obstetrical ultrasounds may be considered MEDICALLY NECESSARY for the following indications:
- Abnormal fetal heart rate
- Abrupted placenta
- Adjunct to amniocentesis or other procedure
- Adjunct to cervical cerclage placement
- Adjunct to external cephalic version
- Advanced maternal age (age 35 or more)
- Antepartum Hemorrhage
- Antepartum to assess cervical length as indicator of preterm delivery
• As adjunct to chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
• Assess for certain fetal anomalies, such as anencephaly, in patients at high risk
• Assessment for findings that may increase the risk of aneuploidy
• Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
• Chronic systemic disease including but not limited to hypertension, diabetes, sickle cell disease, post-maturity (>41wks), preeclampsia or substance abuse
• Confirm cardiac activity
• Congenital malformation (fetal or maternal)
• Decreased fetal movement
• Elevated maternal alpha-fetoprotein
• Estimation of gestational age
• Evaluate maternal pelvic or adnexal masses or uterine abnormalities
• Evaluate pelvic pain
• Evaluation of a pelvic mass
• Evaluation of abdominal or pelvic pain
• Evaluation of abnormal biochemical markers
• Evaluation of cervical insufficiency
• Evaluation of fetal growth
• Evaluation of fetal well-being
• Follow-up evaluation of a fetal anomaly
• History of previous congenital anomaly
• Isoimmunization (Rh)-resulting fetal disease
• Liver disorders in pregnancy
• Maternal injury affecting fetus or newborn
• Maternal risk factors such as family history of congenital anomalies, chronic systemic disease (e.g., hypertension, diabetes, sickle cell disease), or substance abuse)
• Obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
• Other placental conditions, abnormal placenta, and placental infarct
• Placenta previa
• Polyhydramnios/oligohydramnios
• Post term pregnancy
• Premature rupture of membranes
• Pre-term delivery indicator
• Prolonged pregnancy
• Renal disease
• Rh incompatibility
• Screen for fetal aneuploidy
• Screening for fetal anomalies
• Significant discrepancy between uterine size and clinical dates
• Small for gestational dates
• Spontaneous abortion, without mention of complication, complete
• Spotting complicating pregnancy
• Suspected abnormal presentation
• Suspected amniotic fluid abnormalities
• Suspected anatomical uterine abnormality
• Suspected ectopic pregnancy
• Suspected fetal death
• Suspected fetal growth abnormality (growth retardation or macrosomia)
• Suspected hydatidiform mole
• Suspected multiple gestation
• Suspected uterine abnormalities
• Threatened abortion
• Threatened or missed abortion
• Vaginal bleeding/antepartum hemorrhage
• Vasa Previa
• Velamentous umbilical cord insertion.

More than one complete obstetrical ultrasound in a routine pregnancy is considered **NOT MEDICALLY NECESSARY**.

3-D obstetrical/fetal ultrasound is considered **INVESTIGATIONAL**.

**Family Planning**
Routine ultrasound to check for placement of IUD is **NOT MEDICALLY NECESSARY**.

Ultrasound to check for complications of IUD placement such as pain or excess bleeding is considered **MEDICALLY NECESSARY**, however this is no longer considered to be routine.

**Prior Authorization Information**
- **Inpatient**
  - For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed inpatient.
- **Outpatient**
  - For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Prior authorization is not required.</th>
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</thead>
<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is not required.</td>
</tr>
</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**
*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt; 14 weeks 0 days), transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>76802</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt; 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>76805</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (&gt; or = 14 weeks 0 days), transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>76810</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (&gt; or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>76811</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>76812</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>76815</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses</td>
</tr>
<tr>
<td>76816</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, 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</td>
</tr>
<tr>
<td>76817</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, transvaginal</td>
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<tr>
<td>76818</td>
<td>Fetal biophysical profile; with non-stress testing</td>
</tr>
<tr>
<td>76819</td>
<td>Fetal biophysical profile; without non-stress testing</td>
</tr>
<tr>
<td>76830</td>
<td>Ultrasound, transvaginal</td>
</tr>
<tr>
<td>76831</td>
<td>Saline infusion sonohysterography (SIS), including color flow Doppler, when performed</td>
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<tr>
<td>76835</td>
<td>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</td>
</tr>
<tr>
<td>76857</td>
<td>Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)</td>
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</tbody>
</table>

**Description**

Ultrasound is the transmission of high-frequency sound waves through tissues of varying densities. The echoes produced by the sound waves at interfaces between tissues are transmitted by piezoelectric crystals within a transducer. 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.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2023</td>
<td>Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.</td>
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</tbody>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

Endnotes

1 Based on expert opinion