



MASSACHUSETTS

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Medical Policy

Obstetrical Ultrasound & Ultrasound for Family Planning

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Policy Number: 007

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

Related Policies

N/A

Policy¹

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**.

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**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .

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

CPT codes:	Code Description
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	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
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	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)
76815	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
76816	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
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

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

Date	Action
11/2024	Annual policy review. Description, summary, and references reviewed. Policy statements clarified. 11/1/2024.
9/2023	Annual policy review. No new updates from 2016 ACOG Practice Bulletin No. 175: Ultrasound in Pregnancy.
1/2023	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
6/2022	Annual policy review. No new updates from 2016 ACOG Practice Bulletin No. 175: Ultrasound in Pregnancy.
2/2018	New medically necessary indications from 2016 ACOG Practice Bulletin No. 175: Ultrasound in Pregnancy added. Effective 2/1/2018.
1/2017	Title changed to Obstetrical Ultrasound & Ultrasound for Family Planning. Medically necessary and not medically necessary language added for ultrasound related to IUD placement. Clarified coding information. Effective 1/1/2017.
9/2015	Coverage clarified based on ACOG guidelines. Effective 9/1/2015. Medical policy remediation: Formatting, editing and coding updates.
9/2014	Reviewed - Medical Policy Group - Urology and Obstetrics and Gynecology. No changes to policy statements.
9/2013	Reviewed - Medical Policy Group - Urology and Obstetrics and Gynecology. No changes to policy statements.

9/2012	Reviewed - Medical Policy Group - Urology and Obstetrics and Gynecology. No changes to policy statements.
9/2011	Reviewed - Medical Policy Group - Urology and Obstetrics and Gynecology. No changes to policy statements.

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

ACOG Practice Bulletin No. 175: Ultrasound in Pregnancy. Obstetrics & Gynecology: December 2016 - Volume 128 - Issue 6 - p e241–e256

Endnotes

¹ Based on expert opinion