Medical Policy
Obstetrical Ultrasound & Ultrasound for Family Planning

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Policy Number: 007
BCBSA Reference Number: 4.01.07A
NCD/LCD: N/A

Related Policies
- First-Trimester Detection of Down Syndrome Using Fetal Ultrasound Markers Combined with Maternal Serum Assessment #443

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

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 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
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
Congenital malformation (fetal or maternal)
Decreased fetal movement
Elevated maternal alpha-fetoprotein
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
Significant discrepancy between uterine size and dates
Small for gestational dates
Spontaneous abortion, without mention of complication, complete
Spotting complicating pregnancy
Suspected abnormal presentation
Suspected anatomical uterine abnormality
Suspected ectopic pregnancy
Suspected fetal death
Suspected fetal growth abnormality (growth retardation or macrosomia)
Suspected hydatidiform mole
Suspected multiple gestation
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
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>No</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, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
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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>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>
</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

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<th>Date</th>
<th>Action</th>
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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