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
N/A

Policy¹
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM 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 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**
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>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Medicare HMO BlueSM</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Medicare PPO BlueSM</td>
<td>No</td>
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</tbody>
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**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:

**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>
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<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>
</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