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## Subject: Ultrasound in Maternity Care

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### DESCRIPTION:

**Note:** This guideline addresses obstetrical ultrasound examinations during the first, second and third trimester of pregnancy.

This guideline is based on the American College of Obstetricians and Gynecologists (ACOG) Ultrasound in Pregnancy Practice Bulletin (2016).

Obstetrical ultrasound, also called obstetric sonogram or sonographic examination is an imaging test that uses high frequency sound waves to see how a fetus or baby is developing in the uterus and assess female pelvic organs. An obstetrical ultrasound may be performed during each trimester (first, second and third), using a transabdominal or transvaginal approach or both. The American College of Obstetricians and Gynecologists (ACOG) uses the following terms to describe various types of ultrasound examinations performed during the second or third trimesters:

- **Standard obstetric ultrasound examination:** Includes an evaluation of fetal presentation and number, amniotic fluid volume, cardiac activity, placental position, fetal biometry, fetal number and anatomic survey. The maternal cervix and adnexa should be examined as clinically appropriate when technically feasible.
- **Limited obstetric ultrasound examination:** Does not replace a standard obstetric ultrasound examination; performed when a specific question requires investigation. For example, in the second trimester or the third trimester a limited obstetric ultrasound examination could be performed to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation in a laboring patient. A limited obstetric ultrasound examination may also be performed in any trimester to evaluate interval growth, estimate amniotic fluid volume, evaluate the cervix, and assess embryonic or fetal activity.
- **Specialized obstetric ultrasound examination:** Also referred to as a “detailed”, “targeted”, or ultrasound examination (76811). The specialized obstetric ultrasound anatomic examination is

performed when there is an increased risk of an anomaly based on the history, laboratory abnormalities, or the results of the limited examination or the standard examination

### **First Trimester Obstetric Ultrasound Examination**

A first-trimester obstetric ultrasound examination is an ultrasound examination performed before 14 0/7 weeks of gestation. Indications for performing first-trimester obstetric ultrasound examinations include, but are not limited to the following indications:

- To confirm the presence of an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To define the cause of vaginal bleeding
- To evaluate pelvic pain
- To estimate gestational age
- To diagnose or evaluate multiple gestations
- To confirm cardiac activity
- As an adjunct to chorionic villus sampling, embryo transfer, and localization and removal of an intrauterine device
- To assess fetal anomalies (e.g., anencephaly) in patients at high-risk
- To evaluate maternal pelvic masses or uterine abnormalities
- To screen for fetal aneuploidy
- To evaluate a suspected hydatidiform mole

### **Second and Third Trimester Obstetric Ultrasound Examination**

A second and third trimester obstetric ultrasound examination can be of benefit in many situations. Indications for performing second and third-trimester obstetric ultrasound examinations include, but are not limited to the following indications:

- Estimation of gestational age
- Evaluation of fetal growth
- Evaluation of vaginal bleeding
- Evaluation of abdominal and pelvic pain
- Evaluation of cervical insufficiency
- Determination of fetal presentation
- Evaluation of suspected multiple gestation
- Adjunct to amniocentesis or other procedure
- Significant discrepancy between uterine size and clinical dates
- Evaluation of pelvic mass

- Evaluation of suspected hydatidiform mole
- Adjunct to cervical cerclage placement
- Suspected ectopic pregnancy
- Suspected fetal death
- Suspected uterine abnormality
- Evaluation of fetal well-being
- Suspected amniotic fluid abnormalities
- Suspected placental abruption
- Adjunct to external cephalic version
- Evaluation pre-labor rupture of membranes or premature labor
- Evaluation for abnormal biochemical markers
- Follow-up evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placental previa
- Evaluation for history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- To assess for findings that may increase the risk for aneuploidy
- Screening for fetal anomalies

According to ACOG, in the absence of other specific indications for obstetric ultrasound examination, the optimal time for a single ultrasound examination is at 18-20 weeks of gestation. This timing allows for a survey of fetal anatomy and an accurate estimation of gestational age. At 18-20 weeks of gestation, anatomically complex organs, such as the fetal heart and brain can be imaged with sufficient clarity to allow detection of many major malformations, compared with visualization earlier in pregnancy when the anatomy is not as well developed. This timing also allows for management options (e.g., fetal monitoring and treatment).

Three-dimensional (3D) ultrasound (US) is used to create both a surface image of the fetus in utero and cross-sectional images from any angle. In constructing the 3D US image, the software automatically records and stores the image as part of the process. The stored 3D US image can be rotated for different surface views and cross sections from angles not available with two-dimensional (2D) US.

The Food and Drug Administration (FDA), considers the use of US equipment, such as 3D and 4D US devices, for making “keepsake” fetal videos as an unapproved use of the medical device.

## **POSITION STATEMENT:**

**NOTE: Coverage for obstetrics (OB) ultrasounds is subject to the member’s benefit terms, limitations and maximums. Refer to contract language regarding obstetrics (OB) ultrasounds.**

An initial obstetrical ultrasound examination **meets the definition of medical necessity.**

Obstetrical ultrasound examination in the first trimester of pregnancy **meets the definition of medical necessity**, for a medical reason including, but is not limited to the following:

- Evaluation of suspected ectopic pregnancy
- Evaluation of vaginal bleeding
- Evaluation of pelvic pain
- Estimation of gestational age
- Diagnosis or evaluation of multiple gestations
- To confirm cardiac activity
- As an adjunct of chorionic villus sampling, embryo transfer, or localization and removal of intrauterine device
- Assessment of fetal anomalies (e.g., anecephaly) in members at high-risk
- Evaluation of maternal pelvic masses and/or uterine abnormalities
- Screening for fetal aneuploidy
- Evaluation of suspected hydatidiform mole

Obstetrical ultrasound examination in the second and third trimester of pregnancy **meets the definition of medical necessity**, for a medical reason including, but is not limited to the following:

- Estimation of gestational age
- Evaluation of fetal growth
- Evaluation of vaginal bleeding
- Evaluation of abdominal and pelvic pain
- Evaluation of cervical insufficiency
- Determination of fetal presentation
- Evaluation of multiple gestation
- Adjunct to amniocentesis or other procedure
- Evaluation of significant discrepancy between uterine size and clinical dates
- Evaluation of pelvic mass
- Evaluation of suspected hydatidiform mole
- Adjunct to cervical cerclage placement
- Evaluation of suspected ectopic pregnancy
- Evaluation of suspected fetal death
- Evaluation of suspected uterine abnormality
- Evaluation of fetal well-being

- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected placental abruption
- Adjunct to external cephalic version
- Evaluation of pre-labor rupture of membranes or premature labor
- Evaluation for abnormal biochemical markers
- Evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placental previa
- Evaluation for history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- Assessment for findings that may increase the risk for aneuploidy
- Screening for fetal anomalies

The use of two-dimensional (2D), three-dimensional (3D), four-dimensional (4D) or five-dimensional (5D)/HD ultrasound (e.g., keepsake ultrasound, keepsake portraits) to only view the fetus, obtain a picture of the fetus or determine the fetal gender without a medical indication **does not meet the definition of medical necessity**. The FDA views the use of ultrasound equipment, such as 3D and 4D devices for making “keepsake” fetal videos as an unapproved use of the medical device. There is a lack of scientific evidence in the peer-reviewed medical literature regarding the impact of the use of (2D), three-dimensional (3D), four-dimensional (4D) or five-dimensional (5D)/HD ultrasound without a medical indication on health outcomes.

## BILLING/CODING INFORMATION:

### CPT Coding:

76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (less than 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 (less than 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure performed)
76805	Ultrasound, pregnant uterus, real time with image documentation; (fetal and maternal evaluation), after first trimester (greater than or equal to 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 (greater than or equal to 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 (e.g., fetal heart beat, 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

### REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

### LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for ultrasound of the pregnant uterus.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

### PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

### Medicare Advantage products:

No Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

The following National Coverage Determinations (NCD) was reviewed on the last guideline reviewed date: Ultrasound Diagnostic Procedures (220.5) located at cms.gov.

## DEFINITIONS:

**Abruptio placenta:** Premature separation of the placenta from the wall of the uterus.

**Anencephaly:** a defect in the closure of the neural tube during fetal development. The neural tube is a narrow channel that folds and closes between the 3rd and 4th weeks of pregnancy to form the brain and spinal cord of the embryo. Anencephaly occurs when the cephalic or head end of the neural tube fails to close, resulting in the absence of a major portion of the brain, skull, and scalp.

**Aneuploidy:** having or being a chromosome number that is not an exact multiple of the usually haploid number.

**Antepartum:** occurring before the onset of labor.

**Chorionic villus sampling (CVS):** removal of a small piece of placenta tissue (chorionic villi) from the uterus during early pregnancy (about 10 to 12 weeks) for prenatal diagnosis of genetic defects.

**Ectopic pregnancy:** gestation elsewhere than in the uterus (as in a fallopian tube or in the peritoneal cavity).

**Hydatidiform mole:** a mass in the uterus that consists of enlarged edematous degenerated chorionic villi growing in clusters resembling grapes, that typically develops following fertilization of an enucleate egg, and that may or may not contain fetal tissue.

**Macrosomia:** significant overgrowth.

**Missed abortion:** intrauterine death of a fetus that is not followed the exit of the product of conception from the body.

**Oligohydramnios:** deficiency of amniotic fluid sometimes resulting in an embryonic defect through adherence between embryo and amnion.

**Placenta previa:** an abnormal implantation of the placenta at or near the internal opening of the uterine cervix so that it tends to precede the child at birth usually causing severe maternal hemorrhage.

**Trimester:** any of the three month periods into which pregnancy is divided.

- First trimester of pregnancy: less than 14 weeks
- Second trimester of pregnancy: weeks 14- 28
- Third trimester of pregnancy: weeks 28- 40

## RELATED GUIDELINES:

None applicable.

## OTHER:

Other names used to report ultrasound in maternity care:

Obstetrical ultrasound

## Obstetrical ultrasonography

### Sonography

#### REFERENCES:

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2. Hur H, Kim YH, Cho HY et al. Feasibility of three-dimensional reconstruction and automated measurement of fetal long bones using 5D Long Bone. Obstet Gynecol Sci. 2015 Jul;58(4):268-276.
3. Laban M, Alanwar AA, Etman MK et al. Five-dimensional long bones biometry for estimation of femur length and fetal weight at term compared to two-dimensional ultrasound: a pilot study. J Matern Fetal Neonatal Med. 2018 Aug;31(15):2036-2042 [Abstract].
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5. Moran M, McAuliffe FM. Imaging and assessment of placental function. Journal of Clinical Ultrasound 2011; 39(7): 390-398.
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#### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/27/23.

#### GUIDELINE UPDATE INFORMATION:

06/15/02	Medical Coverage Guideline Reformatted; revised diagnosis list and limitations.
11/15/02	Revised to include additional ICD-9 diagnosis codes.



01/01/03	2003 CPT code update.
06/15/04	Scheduled review, no revisions.
04/15/06	Revised description section to include indications for performance of obstetric ultrasound. Added non-covered statement for ultrasounds performed solely without a medical indication. Updated references.
04/15/07	Scheduled review. No change in coverage.
08/15/07	Revision: guideline reformatted.
11/15/07	Updated ICD-9 diagnoses.
05/15/09	Annual review. No change in position statements. Updated references.
02/15/11	Revision; related ICD-10 codes added.
10/01/11	Revision; formatting changes.
12/01/11	Update; added related ICD-10 codes. Revision; changed 656.83 to 656.33. Updated references.
05/15/12	Guideline reviewed. Updated description. Revised position statement; expanded covered indications. Revised and updated ICD-9 and ICD-10 codes. Added cross reference for Infertility MCG, 02-56000-24 and Measurement of Fetal Nuchal Translucency for Detection of Down Syndrome MCG, 03-59000-17. Updated references.
05/15/14	Deleted diagnoses codes and limitation statement for (76801, 76805, 76811, 76815, and 76817).
02/15/19	Review; updated description and references. Revised position statement.
03/15/21	Review/revision. Revised position statement; added five-dimensional (5D)/HD ultrasound. Updated references.
05/15/23	Review; no change in position statement.
12/15/23	Position statements maintained. Revised program exceptions.
01/01/24	Position statements maintained.