

Clinical Policy: Ultrasound in Pregnancy

Reference Number: CP.MP.38

Date of Last Revision: 10/23

[Revision Log](#)
[Coding Implications](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy outlines the medical necessity criteria for ultrasound use in pregnancy. Ultrasound is the most common fetal imaging tool used today. Ultrasound is accurate at determining gestational age, fetal number, viability, and placental location and is necessary for many diagnostic purposes in obstetrics. The determination of the time and type of ultrasound should allow for a specific clinical question(s) to be answered. Ultrasound exams should be conducted only when indicated and must be appropriately documented.

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that the following ultrasounds during pregnancy are considered **medically necessary** when the following conditions are met:

- I. [Standard first trimester ultrasound](#) (76801)
- II. [Standard second or third trimester ultrasound](#) (76805)
- III. [Detailed anatomic ultrasound](#) (76811)
- IV. [Transvaginal ultrasound](#) (76817)
- V. [Not medically necessary conditions](#)

- I. One standard *first trimester ultrasound* (76801) is allowed per pregnancy.

Subsequent standard first trimester ultrasounds are considered **not medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

- II. One standard *second or third trimester ultrasound* (76805) is allowed per pregnancy.

Subsequent standard second or third trimester ultrasounds are considered **not medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

- III. One *detailed anatomic ultrasound* (76811) is allowed per pregnancy when performed to evaluate for suspected anomaly based on history, laboratory abnormalities, or clinical evaluation; or when there are suspicious results from a limited or standard ultrasound. Further indications include the possibility of fetal growth restriction and multifetal gestation. This ultrasound must be billed with an appropriate high risk diagnosis code from Table 4 below.

A second detailed anatomic ultrasound is considered **medically necessary** if a new maternal fetal medicine specialist group is taking over care, a second opinion is required, or the patient

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has been transferred to a tertiary care center in anticipation of delivery of an anomalous fetus requiring specialized neonatal care.

Further detailed anatomic ultrasounds are considered **not medically necessary** as there is inadequate evidence of the clinical utility of multiple detailed fetal anatomic examinations.

IV. Transvaginal ultrasounds (TVU) are considered **medically necessary** when conducted in the first trimester for the same indications as a standard first trimester ultrasound, and later in pregnancy to assess cervical length, location of the placenta in women with placenta previa, or after an inconclusive transabdominal ultrasound. Cervical length screening is conducted for women with a history of preterm labor or to monitor a shortened cervix based on Table 1 below. Up to 13 transvaginal ultrasounds are allowed per pregnancy.

Table 1: Berghella approach to TVU measurement of cervical length for screening singleton gestations

| Past pregnancy history | TVU cervical length screening | Frequency | Maximum # of TVU |
|------------------------------------|---------------------------------------|--|------------------|
| Prior preterm birth 14 to 27 weeks | Start at 14 weeks and end at 24 weeks | Every two weeks as long as cervix is at least 30 mm* | 11 |
| Prior preterm birth 28 to 36 weeks | Start at 16 weeks and end at 24 weeks | Every two weeks as long as cervix is at least 30 mm* | 9 |
| No prior preterm birth | One exam between 18 and 24 weeks | Once | 1 |

* Increase frequency to weekly in women with TVU cervical length of 26 to 29 mm, through 24 weeks. If ≤ 25 mm before 24 weeks, consider cerclage.

V. 3D and 4D ultrasounds are considered **not medically necessary**. Studies lack sufficient evidence that they alter management over two-dimensional ultrasound in a fashion that improves outcomes.

The following additional procedures are considered **not medically necessary**:

- Ultrasounds performed solely to determine the sex of the fetus or to provide parents with photographs of the fetus;
- Scans for growth evaluation performed less than two weeks apart;
- Ultrasound to confirm pregnancy in the absence of other indications;
- A follow-up ultrasound in the first trimester in the absence of pain or bleeding.

Classifications of fetal ultrasounds include:

I. Standard First Trimester Ultrasound - 76801

A standard first trimester ultrasound is performed before 14 weeks and 0 days of gestation. It can be performed transabdominally, transvaginally, or transperineally. When performed transvaginally, CPT 76817 should be used. It includes an evaluation of the presence, size, location, and number of gestational sac(s); and an evaluation of the gestational sac(s).

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Indications for a first trimester ultrasound include, but are not limited to, the following:

- To confirm an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate vaginal bleeding
- To evaluate pelvic pain
- To estimate gestational age
- To diagnose or evaluate multiple gestations
- To confirm cardiac activity
- As adjunct to chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
- To assess for certain fetal anomalies, such as anencephaly, in high-risk patients
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- To screen for fetal aneuploidy (nuchal translucency) when a part of aneuploidy screening
- To evaluate suspected hydatidiform mole

II. Standard Second or Third Trimester Ultrasound - 76805

A standard ultrasound in the second or third trimester involves an evaluation of fetal presentation and number, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and an anatomic survey.

Indications for a standard second or third trimester ultrasound include, but are not limited to, the following:

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

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- Evaluation for abnormal biochemical markers
- Follow-up evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placenta previa
- Evaluation with a history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- Assessment for findings that may increase the risk of aneuploidy

III. Detailed Anatomic Ultrasound - 76811

A detailed anatomic ultrasound is performed when there is an increased risk of an anomaly based on the history, laboratory abnormalities, or the results of the limited or standard ultrasound.

IV. Other Ultrasounds – 76817

A transvaginal ultrasound of a pregnant uterus can be performed in the first trimester of pregnancy and later in a pregnancy to evaluate cervical length and the position of the placenta relative to the internal cervical os. When this exam is done in the first trimester, the same indications for a standard first trimester ultrasound, 76801, apply.

Background

The Routine Antenatal Diagnostic Imaging with Ultrasound (RADIUS) trial showed that routine ultrasound screening of a low-risk population did not lead to improved perinatal outcomes. This was a practice based, multi-center randomized trial. There were no significant differences in birth weight or preterm delivery rates.¹¹

Ultrasound is used most often in pregnancy for the estimation of gestational age.⁵ It has been shown that the use of multiple biometric parameters can allow for accuracy to within three to four days in a mid-trimester study (14 to 22 weeks). Accurate dating of a pregnancy is crucial as many important decisions might be made based on this date, such as whether or not to resuscitate an infant delivered prematurely, when to give antenatal steroids, when to electively deliver a term infant, and when to induce for post-dates.⁹

Pregnancy dating with a first trimester or mid-trimester ultrasound will reduce the number of misdated pregnancies and subsequent unnecessary inductions for post-dates pregnancies. Third trimester ultrasounds for pregnancy dating are much less dependable.

Ultrasound is a helpful tool for the evaluation of fetal growth in at-risk pregnancies and the diagnosis of a small-for-gestational age baby (SGA). Those SGA babies with actual chronic hypoxemia and/or malnutrition can be termed growth restricted (FGR) if it is suspected that their growth has been less than optimal.

The American College of Obstetricians and Gynecologists (ACOG) does not yet recommend the use of three- or four-dimensional ultrasound as a replacement for any necessary two-dimensional study. ACOG states, “the technical advantages of three-dimensional ultrasonography include its ability to acquire and manipulate an infinite number of planes and to display ultrasound planes traditionally inaccessible by two-dimensional ultrasonography. Despite these technical

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advantages, proof of a clinical advantage of three-dimensional ultrasonography in prenatal diagnosis in general still is lacking.”⁵

The Society of Maternal Fetal Medicine specifically addresses what is often considered a level II screening ultrasound or routine ultrasound, stating:

“CPT 76811 is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies.

It is felt by all organizations involved in the code’s development and description that only one medically indicated CPT 76811 per pregnancy, per practice is appropriate. Once this detailed fetal anatomical exam (76811) is done, a second one should not be performed unless there are extenuating circumstances with a new diagnosis. It is appropriate to use CPT 76811 when a patient is seen by another maternal-fetal medicine specialist practice, for example, for a second opinion on a fetal anomaly, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

Follow-up ultrasound for CPT 76811 should be CPT 76816 when doing a focused assessment of fetal size by measuring the BPD [biparietal diameter], abdominal circumference, femur length, or other appropriate measurements, OR a detailed re-examination of a specific organ or system known or suspected to be abnormal. CPT 76805 would be used for a fetal maternal evaluation of the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal, and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adnexa when visible when appropriate.”⁴

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2022, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 2: CPT Codes Covered When Supported by Appropriate Diagnosis

| CPT Codes | 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 |

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| CPT Codes | Description |
|-----------|---|
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥ 14 weeks 0 days), transabdominal approach; single or first gestation |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |

Table 3: CPT Codes considered Not Medically Necessary:

| CPT Codes | Description |
|-----------|---|
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation |

Table 4: ICD-10 Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound

| ICD-10-CM Code | Description |
|-------------------------|---|
| A92.5 | Zika virus disease |
| B06.00 through B06.9 | Rubella [German measles] |
| B50.0 through B54 | Malaria |
| B97.6 | Parvovirus as the cause of diseases classified elsewhere |
| D56.0 through D56.9 | Thalassemia |
| D57.00 through D57.819 | Sickle-cell disorders |
| E66.01 | Morbid (severe) obesity due to excess calories [severe obesity with a BMI of 35 or >] |
| O09.511 through O09.519 | Supervision of elderly primigravida |
| M32.0 through M32.9 | Systemic lupus erythematosus (SLE) |
| M33.00 through M33.99 | Dermatopolymyositis |
| M34.0 through M34.9 | Systemic sclerosis [scleroderma] |
| M35.00 through M35.09 | Sjogren syndrome |
| M35.1 | Other overlap syndromes |

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| ICD-10-CM Code | Description |
|--|---|
| M35.5 | Multifocal fibrosclerosis |
| M35.8 through M35.9 | Systemic involvement of connective tissue |
| M36.0 | Dermato(poly)myositis in neoplastic disease |
| M36.8 | Systemic disorders of connective tissue in other diseases classified elsewhere |
| N18.9 | Chronic kidney disease, unspecified |
| O00.01 | Abdominal pregnancy with intrauterine pregnancy |
| O00.111 through O00.119 | Tubal pregnancy with intrauterine pregnancy |
| O00.211 through O00.219 | Ovarian pregnancy with intrauterine pregnancy |
| O00.81 | Other ectopic pregnancy with intrauterine pregnancy |
| O00.91 | Unspecified ectopic pregnancy with intrauterine pregnancy |
| O09.521 through O09.529 | Supervision of elderly multigravida |
| O09.811 through O09.819 | Supervision of pregnancy resulting from assisted reproductive technology |
| O09.892 through O09.93 | Supervision of high risk pregnancy |
| O10.012 through O10.019 | Pre-existing essential hypertension complicating pregnancy |
| O10.112 through O10.119 | Pre-existing hypertensive heart disease complicating pregnancy |
| O10.212 through O10.219 | Pre-existing hypertensive chronic kidney disease complicating pregnancy |
| O10.312 through O10.319 | Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy |
| O10.412 through O10.419 | Pre-existing secondary hypertension complicating pregnancy |
| O10.912 through O10.919 | Unspecified pre-existing hypertension complicating pregnancy |
| O11.2 through O11.3 | Pre-existing hypertension with pre-eclampsia |
| O12.00, O12.02 through O12.03 | Gestational edema |
| O12.10, O12.12 through O12.13 | Gestational proteinuria |
| O12.20, O12.22 through O12.23 | Gestational edema with proteinuria |
| O13.2 through O13.3, O13.5 through O13.9 | Gestational [pregnancy-induced] hypertension without significant proteinuria |
| O14.00, O14.02 through O14.03 | Mild to moderate pre-eclampsia |

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| ICD-10-CM Code | Description |
|--|--|
| O14.10, O14.12 through O14.13 | Severe pre-eclampsia |
| O14.20, O14.22 through O14.23 | HELLP syndrome (HELLP) |
| O14.90, O14.92 through O14.93 | Unspecified pre-eclampsia |
| O15.00, O15.02 through O15.03 | Eclampsia complicating pregnancy |
| O15.9 | Eclampsia, unspecified as to time period |
| O16.2 through O16.3, O16.9 | Unspecified maternal hypertension |
| O22.50, O22.52 through O22.53 | Cerebral venous thrombosis in pregnancy |
| O23.00, O23.02 through O23.03 | Infections of kidney in pregnancy |
| O24.011 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.414 through O24.415, O24.811 through O24.819, O24.911 through O24.919 | Diabetes mellitus in pregnancy |
| O26.20, O26.22 through O26.23 | Pregnancy care for patient with recurrent pregnancy loss |
| O26.30, O26.32 through O26.33 | Retained intrauterine contraceptive device in pregnancy |
| O26.40, O26.42 through O26.43 | Herpes gestationis |
| O26.612 through O26.619 | Liver and biliary tract disorders in pregnancy |
| O26.832 through O26.839 | Pregnancy related renal disease |
| O26.843 through O26.849 | Uterine size-date discrepancy |
| O26.852 through O26.859 | Spotting complicating pregnancy |
| O26.872 through O26.879 | Cervical shortening |
| O28.3, O28.5, O28.8 through O28.9 | Abnormal findings on antenatal screening of mother |
| O29.012 through O29.019, O29.022 | Complications of anesthesia during pregnancy |

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| ICD-10-CM Code | Description |
|---|---|
| through O29.029, O29.112 through O29.119, O29.122 through O29.129, O29.212 through O29.219, O29.292 through O29.299 | |
| O30.001 through O30.099 | Twin pregnancy |
| O30.101 through O30.199 | Triplet pregnancy |
| O30.201 through O30.299 | Quadruplet pregnancy |
| O30.801 through O30.899 | Other specified multiple gestation |
| O30.90, O30.92 through O30.93 | Multiple gestation, unspecified |
| O31.10X0 through O31.23X9 | Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more |
| O31.30X1 through O31.30X9, O31.32X0 through O31.32X9, O31.33X0 through O31.33X9 | Continuing pregnancy after elective fetal reduction of one fetus or more |
| O31.8X20 through O31.8X29, O31.8X30 through O31.8X39, O31.8X90 through O31.8X99 | Other complications specific to multiple gestation |
| O32.0XX3 through O32.0XX9, O32.1XX1, O32.2XX1, O32.3XX1, O32.6XX1, O32.8XX1, O32.9XX1 | Maternal care for malpresentation of fetus |
| O33.6XX0 through O33.6XX9 | Maternal care for disproportion due to hydrocephalic fetus |
| O33.7XX0 through O33.7XX9 | Maternal care for disproportion due to other fetal deformities |
| O34.02 through O34.03 | Maternal care for unspecified congenital malformation of uterus |
| O34.30, O34.32 through O34.33 | Maternal care for cervical incompetence |

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| ICD-10-CM Code | Description |
|---------------------------|---|
| O35.00X0 through O35.00X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified |
| O35.01X0 through O35.01X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum |
| O35.02X0 through O35.02X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly |
| O35.03X0 through O35.03X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts |
| O35.04X0 through O35.04X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele |
| O35.05X0 through O35.05X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly |
| O35.06X0 through O35.06X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly |
| O35.07X0 through O35.07X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly |
| O35.08X0 through O35.08X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida |
| O35.09X0 through O35.09X9 | Maternal care for (suspected) other central nervous system malformation or damage in fetus |
| O35.10X0 through O35.10X9 | Maternal care for (suspected) chromosomal abnormality in fetus |
| O35.11X0 through O35.11X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13 |
| O35.12X0 through O35.12X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18 |
| O35.13X0 through O35.13X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21 |
| O35.14X0 through O35.14X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome |
| O35.15X0 through O35.15X9 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality |
| O35.19X0 through O35.19X9 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality |
| O35.AXX0 through O35.AXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies |
| O35.BXX0 through O35.BXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies |
| O35.CXX0 through O35.CXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies |
| O35.DXX0 through O35.DXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies |
| O35.EXX0 through O35.EXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies |

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| ICD-10-CM Code | Description |
|---|--|
| O35.FXX0 through O35.FXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk |
| O35.GXX0 through O35.GXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies |
| O35.HXX0 through O35.HXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies |
| O35.2XX0 through O35.2XX9 | Maternal care for (suspected) hereditary disease in fetus |
| O35.3XX0 through O35.3XX9 | Maternal care for (suspected) damage to fetus from viral disease in mother |
| O35.4XX0 through O35.4XX9 | Maternal care for (suspected) damage to fetus from alcohol |
| O35.5XX0 through O35.5XX9 | Maternal care for (suspected) damage to fetus by drugs |
| O35.6XX0 through O35.6XX9 | Maternal care for (suspected) damage to fetus by radiation |
| O35.8XX0 through O35.8XX9 | Maternal care for other (suspected) fetal abnormality and damage |
| O35.9XX0 through O35.9XX9 | Maternal care for (suspected) fetal abnormality and damage, unspecified |
| O36.0110 through O36.0999 | Maternal care for rhesus isoimmunization |
| O36.1110 through O36.1999 | Maternal care for other isoimmunization |
| O36.20X0 through O36.20X9, O36.22X0 through O36.22X9, O36.23X0 through O36.23X9 | Maternal care for hydrops fetalis |
| O36.4XX0 through O36.4XX9 | Maternal care for intrauterine death |
| O36.5110 through O36.5999 | Maternal care for other known or suspected poor fetal growth |
| O36.60X0 through O36.60X9, O36.62X0 through O36.62X9, O36.63X0 through O36.63X9 | Maternal care for excessive fetal growth |
| O36.70X0 through O36.70X9, O36.72X0 through O36.72X9, O36.73X0 through O36.73X9 | Maternal care for viable fetus in abdominal pregnancy |

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| ICD-10-CM Code | Description |
|---|---|
| O36.80X0 through O36.80X9 | Pregnancy with inconclusive fetal viability |
| O36.8130 through O36.8139, O36.8190 through O36.8199 | Decreased fetal movements |
| O36.8220 through O36.8229, O36.8230 through O36.8239, O36.8290 through O36.8299 | Fetal anemia and thrombocytopenia |
| O36.8320 through O36.8329, O36.8330 through O36.8339, O36.8390 through O36.8399 | Maternal care for abnormalities of the fetal heart rate or rhythm |
| O40.1XX0 through O40.9XX9 | Polyhydramnios |
| O41.00X0 through O41.03X9 | Oligohydramnios |
| O41.8X20 through O41.8X29, O41.8X30 through O41.8X39 | Other specified disorders of amniotic fluid and membranes |
| O42.00, O42.012 through O42.02 | Premature rupture of membranes, onset of labor within 24 hours of rupture |
| O42.10, O42.112 through O42.119 | Premature rupture of membranes, onset of labor more than 24 hours following rupture |
| O42.912 through O42.919 | Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor |
| O43.012 through O43.019, O43.022 through O43.029 | Placental transfusion syndromes |
| O43.112 through O43.119, O43.122 through O43.129 | Malformation of placenta |
| O43.212 through O43.219, O43.222 through O43.229, O43.232 through O43.239 | Morbidly adherent placenta |
| O43.812 through O43.819 | Placental infarction |
| O44.00, O44.02 through O44.03, O44.10, O44.12 through O44.13, | Placenta previa |

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| O44.20, O44.22 through O44.23, O44.30, O44.32 through O44.33, O44.40, O44.42 through O44.43, O44.50, O44.52 through O44.53 | |
| O45.002 through O45.009, O45.012 through O45.019, O45.022 through O45.029, O45.092 through O45.099 | Premature separation of placenta [abruptio placentae] |
| O46.002 through O46.009, O46.012 through O46.019, O46.022 through O46.029, O46.092 through O46.099, O46.8X2 through O46.8X9, O46.90, O46.92 through O46.93 | Antepartum hemorrhage, not elsewhere classified |
| O48.0 through O48.1 | Late pregnancy |
| O60.00, O60.02 through O60.03, O60.10X0 through O60.10X9, O60.12X0 through O60.12X9, O60.13X0 through O60.13X9, O60.14X0 through O60.14X9 | Preterm labor |
| O69.81X0 through O69.89X9 | Labor and delivery complicated by other cord complications |
| O71.9 | Obstetric trauma, unspecified |
| O76 | Abnormality in fetal heart rate and rhythm complicating labor and delivery |
| O98.012 through O98.019 | Tuberculosis complicating pregnancy |
| O98.112 through O98.119 | Syphilis complicating pregnancy |
| O98.311 through O98.319, O98.411 | Other maternal infectious and parasitic diseases complicating pregnancy |

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| through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819 | |
| O98.919 | Unspecified maternal infectious and parasitic disease complicating pregnancy |
| O99.280, O99.282 through O99.283 | Endocrine, nutritional and metabolic diseases complicating pregnancy |
| O99.310 through O99.313 | Alcohol use complicating pregnancy |
| O99.320 through O99.323 | Drug use complicating pregnancy |
| O99.330, O99.332 through O99.333 | Smoking (tobacco) complicating pregnancy |
| O99.411 through O99.419 | Diseases of the circulatory system complicating pregnancy |
| O99.512 through O99.519 | Diseases of the respiratory system complicating pregnancy |
| O9A.112 through O9A.119 | Malignant neoplasm complicating pregnancy |
| Q04.8 | Other specified congenital malformations of brain [choroid plexus cyst] |
| Q30.1 | Agenesis and underdevelopment of nose [absent or hypoplastic nasal bone] |
| Q62.0 | Congenital hydronephrosis [fetal pyelectasis] |
| Q71.811 through Q71.819 | Congenital shortening of upper limb [humerus] |
| Q72.811 through Q72.819 | Congenital shortening of lower limb [femur] |
| Q92.0 through Q92.9 | Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy] |
| R93.5 | Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum |
| R93.811 through R93.89 | Abnormal findings on diagnostic imaging of other specified body structures |
| U07.1 | COVID-19 |
| Z20.821 | Contact with and (suspected) exposure to Zika virus |
| Z20.822 | Contact with and (suspected) exposure to COVID-19 |
| Z21 | Asymptomatic human immunodeficiency virus [HIV] infection status |

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|--------------------------|---|
| Z68.35 through Z68.45 | Body mass index [BMI] 35.0 – 70 or greater, adult |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|---------------|---------------|
| Policy created & reviewed by Obstetrical specialist | 01/11 | 01/11 |
| Reviewed with no changes. Obstetrical specialist reviewed | 02/12 | 03/12 |
| Reviewed with no changes. | 04/13 | 05/13 |
| Nuchal translucency removed. Divided criteria into first and second trimester. Added indications for transvaginal ultrasound. Obstetrical specialist reviewed. | 05/14 | 08/14 |
| Reformatted policy. Added ICD-9 and ICD-10 codes for when a standard ultrasound would be appropriate. Obstetrical specialist reviewed. Removed prior authorization language. | 08/15 | 08/15 |
| Removed ICD-9 codes. | 11/15 | |
| Added follow-up ultrasound as an alternative in Policy/Criteria sections I and II. | 02/16 | |
| Reviewed with no criteria changes. | 08/16 | 08/16 |
| Allowed up to 6 TVU per pregnancy and added ICD-10 codes indicating when > 6 TVUs are appropriate | 11/16 | |
| Added to ICD-10 code list for standard ultrasounds: O02.0 – O02.9, O03.9, O28.0 – O28.9, Z32.01 | 01/17 | |
| Removed ICD-10 code tables for 76801 and 76805, and 76817 No diagnosis code limitations in place for these codes. 76817 frequency over time changed to 12 from 6 | 05/17 | |
| Added that transperineal u/s can be appropriate for a standard first trimester ultrasound scan per updated ACOG guidelines. Added “possibility of fetal growth restriction and multifetal gestation” to indications for detailed ultrasound in section III. Added “as an adjunct to embryo transfer” as an indication for standard first trimester ultrasound in “classifications of fetal ultrasound” section I. Added “The maternal cervix and adnexa are examined as clinically appropriate and when feasible” to description of standard second or third trimester ultrasound in “classifications of fetal ultrasound” section II. Minor wording clarifications made to criteria throughout policy to ensure consistency with latest ACOG practice bulletin for Ultrasound in Pregnancy, No. 175. | 08/17 | 08/17 |
| Removed – in the primary diagnosis position from section III as this is not a requirement for the edit. | 12/17 | |
| Added code range O30.801 – O30.899 to Table 4. References reviewed and updated. | 06/18 | 06/18 |
| Annual review. Added O28.3, O28.5, O99.310 – O99.313. Expanded code range of R93.811 – R93.89. | 05/19 | 06/19 |
| References reviewed and updated. Reviewed by specialist. | 05/20 | 06/20 |

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| Per 10/1/20 ICD-10 code updates, code set Z68.35 – Z68.45 was revised changing parenthesis around BMI to brackets with no change to code descriptor. Removed “member” from I.A and replaced “member” with “member/enrollee” in all instances | 10/20 | |
| Section IV. Table 1, revised note * Increase frequency to weekly in women with TVU cervical length of 25 to 29 mm, to 26 to 29mm and changed “If < 25 mm before 24 weeks...” to < = 25mm; edited maximum # TVU to 11 for prior preterm birth at 14-27 weeks, and 9 for prior preterm birth at 28 to 36 weeks. Changed total number of allowed TVUS per pregnancy to 13. Removed “experimental” from section V. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed and updated. | 06/21 | 06/21 |
| Annual review. Removed table 5, diagnosis codes supporting medical necessity for TVU, which was included in the previous version in error. Added “detailed “ to criteria statement, section III: “Further detailed anatomic ultrasounds.....” for clarification. References reviewed and updated. Specialist review. | 03/22 | 03/22 |
| Annual review. Minor rewording in Description, in Table 1 under Criteria IV., and in Criteria V. Verbiage added to indicate list is not all inclusive under Classifications of fetal ultrasounds Section I. and Section II. Background updated with no impact on criteria. Updated Table 4 Coding description. The following retired code ranges were removed: O35.0XX0 through O35.0XX9 and O35.1XX0 through O35.1XX9. The following code ranges were added: O35.00X0 through O35.00X9, O35.01X0 through O35.01X9, O35.02X0 through O35.02X9, O35.03X0 through O35.03X9, O35.04X0 through O35.04X9, O35.05X0 through O35.05X9, O35.06X0 through O35.06X9, O35.07X0 through O35.07X9, O35.08X0 through O35.08X9, O35.09X0 through O35.09X9, O35.10X0 through O35.10X9, O35.11X0 through O35.11X9, O35.12X0 through O35.12X9, O35.13X0 through O35.13X9, O35.14X0 through O35.14X9, O35.15X0 through O35.15X9, O35.19X0 through O35.19X9, O35.AXX0 through O35.AXX9 , O35.BXX0 through O35.BXX9, O35.CXX0 through O35.CXX9, O35.DXX0 through O35.DXX9, O35.EXX0 through O35.EXX9, O35.FXX0 through O35.FXX9, O35.GXX0 through O35.GXX9, O35.HXX0 through O35.HXX9. References reviewed and updated. | 03/23 | 03/23 |
| Updated Table 4 (Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound) to include the following codes and code ranges: A92.5, D56.0 through D56.9, D57.00 through D57.819, M32.0 through M32.9, M33.00 through M33.99, M34.0 through M34.9, M35.00 through M35.09, M35.1, M35.5, M35.8 through M35.9, M36.0, M36.8, N18.9, O00.01, O00.111 through O00.119, | 10/23 | 10/23 |

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| <p>O00.211 through O00.219, O00.81, O00.91, O09.892 through O09.93, O10.012 through O10.019, O10.112 through O10.119, O10.212 through O10.219, O10.312 through O10.319, O10.412 through O10.419, O10.912 through O10.919, O11.2 through O11.3, O12.00, O12.02 through O12.03, O12.10, O12.12 through O12.13, O12.20, O12.22 through O12.23, O13.2 through O13.3, O13.5 through O13.9, O14.00, O14.02 through O14.03, O14.10, O14.12 through O14.13, O14.20, O14.22 through O14.23, O14.90, O14.92 through O14.93, O15.00, O15.02 through O15.03, O15.9, O16.2 through O16.3, O16.9, O22.50, O22.52 through O22.53, O23.00, O23.02 through O23.03, O24.414 through O24.415, O26.20, O26.22 through O26.23, O26.30, O26.32 through O26.33, O26.40, O26.42 through O26.43, O26.612 through O26.619, O26.832 through O26.839, O26.843 through O26.849, O26.852 through O26.859, O26.872 through O26.879, O28.5, O28.8 through O28.9, O29.012 through O29.019, O29.022 through O29.029, O29.112 through O29.119, O29.122 through O29.129, O29.212 through O29.219, O29.292 through O29.299, O30.90, O30.92 through O30.93, O31.30X1 through O31.30X9, O31.32X0 through O31.32X9, O31.33X0 through O31.33X9, O31.8X20 through O31.8X29, O31.8X30 through O31.8X39, O31.8X90 through O31.8X99, O32.0XX3 through O32.0XX9, O32.1XX1, O32.2XX1, O32.3XX1, O32.6XX1, O32.8XX1, O32.9XX1, O34.02 through O34.03, O34.30, O34.32 through O34.33, O36.20X0 through O36.20X9, O36.22X0 through O36.22X9, O36.23X0 through O36.23X9, O36.4XX0 through O36.4XX9, O36.60X0 through O36.60X9, O36.62X0 through O36.62X9, O36.63X0 through O36.63X9, O36.70X0 through O36.70X9, O36.72X0 through O36.72X9, O36.73X0 through O36.73X9, O36.80X0 through O36.80X9, O36.8130 through O36.8139, O36.8190 through O36.8199, O36.8220 through O36.8229, O36.8230 through O36.8239, O36.8290 through O36.8299, O36.8320 through O36.8329, O36.8330 through O36.8339, O36.8390 through O36.8399, O41.8X20 through O41.8X29, O41.8X30 through O41.8X39, O42.00, O42.012 through O42.02, O42.10, O42.112 through O42.119, O42.912 through O42.919, O43.012 through O43.019, O43.022 through O43.029, O43.112 through O43.119, O43.122 through O43.129, O43.212 through O43.219, O43.222 through O43.229, O43.232 through O43.239, O43.812 through O43.819, O44.00, O44.02 through O44.03, O44.10, O44.12 through O44.13, O44.20, O44.22 through O44.23, O44.30, O44.32 through O44.33, O44.40, O44.42 through O44.43, O44.50, O44.52 through O44.53, O45.002 through O45.009, O45.012 through O45.019, O45.022 through O45.029, O45.092 through O45.099, O46.002 through O46.009, O46.012 through O46.019, O46.022 through</p> | | |

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| O46.029, O46.092 through O46.099, O46.8X2 through O46.8X9, O46.90, O46.92 through O46.93, O48.0 through O48.1, O60.00, O60.02 through O60.03, O60.10X0 through O60.10X9, O60.12X0 through O60.12X9, O60.13X0 through O60.13X9, O60.14X0 through O60.14X9, O98.012 through O98.019, O98.112 through O98.119, O98.919, O99.280, O99.282 through O99.283, O99.330, O99.332 through O99.333, O99.512 through O99.519, O9A.112 through O9A.119, U07.1, Z20.821, Z20.822, and Z21. References reviewed and updated. Internal specialist reviewed. | | |

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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