**Obstetrical Ultrasound Policy**

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>2017R7112I</th>
<th>Annual Approval Date</th>
<th>11/9/2016</th>
<th>Approved By</th>
<th>Reimbursement Policy Oversight Committee</th>
</tr>
</thead>
</table>

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

(CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.)

**Application**

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Payment Policies for Medicare & Retirement, UnitedHealthcare Community Plan Medicare and Employer & Individual please use this link.

Medicare & Retirement and UnitedHealthcare Community Plan Medicare Policies are listed under Medicare Advantage Reimbursement Policies.

Employer & Individual are listed under Reimbursement Policies-Commercial.
Overview

UnitedHealthcare Community Plan considers ultrasounds not medically necessary if done solely to determine the fetal sex, or to provide parents with a view and photograph of the fetus. Detailed ultrasound fetal anatomic examination is not considered medically necessary for routine screening of normal pregnancy.

UnitedHealthcare Community Plan considers a fetal ultrasound with detailed anatomic examination medically necessary:
- to evaluate the fetus for amniotic band syndrome (also known as amniotic constriction band syndrome), or
- if there are known or suspected fetal anatomic abnormalities, including anatomic abnormalities due to genetic conditions.

There is inadequate evidence of the clinical utility of multiple serial detailed fetal anatomic ultrasound examinations during pregnancy.

UnitedHealthcare Community Plan considers detailed ultrasound fetal anatomic examination experimental and investigational for all other indications including routine evaluation of pregnant women who are on bupropion (Wellbutrin), and pregnant women who smoke or abuse cannabis. There is inadequate evidence of the clinical utility of detailed ultrasound fetal anatomic examination for indications other than evaluation of suspected fetal anatomic abnormalities.

This policy is based in part on The American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin on *Ultrasonography in Pregnancy* and guidelines from the Society for Maternal-Fetal Medicine (SMFM).

Reimbursement Guidelines

Indications for an obstetrical ultrasound include:
- To confirm cardiac activity
- To confirm the presence of an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- As adjunct to amniocentesis or other procedures such as cervical cerclage placement, external cephalic version, chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
- To assess for certain fetal anomalies, such as anencephaly, in patients at high risk
- Follow-up evaluation of a fetal anomaly
- Determination of fetal presentation
- Estimation of gestational age
- Evaluation for abnormal biochemical markers
- Evaluation for fetal well-being
- Evaluation for premature rupture of membranes of premature labor
- Evaluation in those with a history of previous congenital anomaly
- Evaluation of abdominal and pelvic pain
- Evaluation of cervical insufficiency
- Evaluation of fetal condition in late registrants for prenatal care
- Evaluation of fetal growth
- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected fetal death
- Evaluation of suspected multiple gestation
- Evaluation of suspected placental abruption
- Evaluation of suspected uterine abnormality
- Evaluation of vaginal bleeding
Examination of suspected hydatidiform mole
Follow-up evaluation of placental location for suspected placenta previa
Significant discrepancy between uterine size and clinical dates
To assess for findings that may increase the risk of aneuploidy

ACOG recommended that in the absence of specific indications, the optimal time for an obstetric ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations. This recommendation is based primarily on consensus and expert opinion (Level C). ACOG stated that it may be possible to document normal structures before 18 weeks of gestation but some structures can be difficult to visualize at that time because of fetal size, position, and movement; maternal abdominal scars; and increased maternal abdominal wall thickness. A second or third trimester ultrasound examination, however, may pose technical limitations for an anatomic evaluation due to suboptimal imaging, and when this occurs, ACOG recommended documentation of the technical limitation and that a follow-up examination may be helpful.

ACOG uses the terms "standard" (also called basic), "limited," and "specialized" (also called detailed) to describe various types of ultrasound examinations performed during the second or third trimesters.

Additional Background and Sources

The Society for Maternal-Fetal Medicine (SMFM) has stated that a fetal ultrasound with detailed anatomic examination (CPT 76811) is not necessary as a routine scan for all pregnancies (SMFM, 2004). Rather, this scan is necessary for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan during pregnancy, etc.). Thus, the SMFM has stated that the performance of this scan is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities (SMFM, 2004).

A focused ultrasound assessment is sufficient for follow-up to provide a reexamination of a specific organ or system known or suspected to be abnormal, or when doing a focused assessment of fetal size by measuring the bi-parietal diameter, abdominal circumference, femur length, or other appropriate measurements (SMFM, 2004).

An ultrasound without detailed anatomic examination is appropriate 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 and appropriate (SMFM, 2004).

Amniotic band sequence refers to a highly variable spectrum of congenital anomalies that occur in association with amniotic bands. Amniotic banding affects approximately 1 in 1200 live births. It is also believed to be the cause of 178 in 10,000 miscarriages. Up to 50% of cases have other congenital anomalies including cleft lip, cleft palate, and clubfoot deformity. Hand and finger anomalies occur in up to 80%. The diagnosis is based upon the presence of characteristic structural findings on prenatal ultrasound or postnatal physical examination. The diagnosis should be suspected when limb amputations or atypical body wall or craniofacial defects are present, or when bands of amnion are seen crossing the gestational sac and adherent to the fetus.

The ACOG practice bulletin on the use of psychiatric medications during pregnancy and lactation (2008) stated that atypical antidepressants are non-tricyclic antidepressants and non-selective serotonin reuptake inhibitors antidepressants that work by distinct pharmacodynamic mechanisms. The atypical antidepressants include bupropion, duloxetine, mirtazapine, nefazodone, and venlafaxine. The limited data of fetal exposure to these antidepressants do not suggest an increased risk of fetal anomalies or adverse pregnancy events. In the one published study of bupropion exposure in 136 patients, a significantly increased risk of spontaneous abortion, but not an increased risk of major malformations, was identified. In contrast, the bupropion registry maintained at GlaxoSmithKline has not identified any
increased risk of spontaneous abortion, although these data have not undergone peer review.

### State Exceptions

<table>
<thead>
<tr>
<th>State</th>
<th>Exception</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>California uses customized, state identified OB ultrasound diagnosis lists.</td>
</tr>
<tr>
<td>Kansas</td>
<td>Kansas uses customized, state identified OB ultrasound diagnosis lists.</td>
</tr>
</tbody>
</table>

### Definitions

<table>
<thead>
<tr>
<th>Ultrasound Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| Standard Examination    | A standard ultrasound includes an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey. A standard examination of fetal anatomy includes the following essential elements:  
  - Abdomen (stomach, kidneys, bladder, umbilical cord insertion site into the fetal abdomen, umbilical cord vessel number)  
  - Chest (heart)  
  - Extremities (presence or absence of legs and arms)  
  - Head, face, and neck (cerebellum, choroid plexus, cisterna magna, lateral cerebral ventricles, midline falx, cavum septi pellucidi, upper lip)  
  - Sex (medically indicated in low-risk pregnancies only for the evaluation of multiple gestations).  
  - Spine (cervical, thoracic, lumbar, and sacral spine). |
| Limited Examination     | A limited examination does not replace a standard examination and is performed when a specific question requires investigation (e.g., to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation during labor). A limited examination may be performed during the first trimester to evaluate interval growth, estimate amniotic fluid volume, evaluate the cervix, and assess the presence of cardiac activity. |
| Specialized Examination | A detailed or targeted anatomic examination is performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination. Other specialized examinations might include fetal Doppler ultrasonography, biophysical profile, amniotic fluid assessment, fetal echocardiography, or additional biometric measurements. Specialized examinations are performed by an operator with experience and expertise in such ultrasonography who determines that components of the examination on a case-by-case basis. |

### Questions and Answers

1. **Q:** Should a Standard Ultrasound examination be used for non-obstetric gynecological conditions?  
   **A:** For all non-obstetric gynecological conditions, such as fibroids or leiomyoma, there are specific non-obstetric abdominal/pelvic ultrasound codes to be used instead of the pregnancy related ultrasound codes.

2. **Q:** Under what circumstances will a Detailed Fetal Anatomic Ultrasound be covered?  
   **A:** There are many reasons a detailed ultrasound is deemed payable. It is used to evaluate
amniotic band syndrome and known or suspected fetal anatomic abnormalities, including those due to genetic conditions. There is a list of approved diagnoses at the end of this policy.

**Q:** Are detailed ultrasounds covered for pregnant women who are on bupropion (Wellbutrin) or who smoke cannabis?

**A:** There is inadequate evidence to support the clinical utility of a detailed ultrasound for other than amniotic band syndrome and known or suspected fetal anatomic abnormalities so ultrasounds are not covered for pregnant women who are on bupropion or who smoke cannabis without any other indication listed within the policy.

**Q:** What is included in a Standard Ultrasound Examination?

**A:** A standard examination is adequate for most pregnancies to provide a general anatomic fetal survey. This type of exam will establish or confirm due dates, evaluate fetal presentation, amniotic fluid volume, heart activity, placental position, number of fetuses, and screen for gross anatomic abnormalities (abdomen, chest, extremities, head, face, neck, sex, and spine).

**Q:** What is included in a Limited Ultrasound Examination?

**A:** This does not replace the Standard exam, but is performed in order to answer a specific question such as to confirm fetal heart activity or establish fetal presentation during labor.

**Q:** What is included in a Detailed Ultrasound Examination?

**A:** This is performed when an anomaly is suspected on the basis of history, lab tests, or the results of a Limited or Standard Ultrasound.

**Q:** What is the recommended gestational age for an obstetric ultrasound examination to screen for fetal anomalies?

**A:** ACOG recommended that in the absence of specific indications, the optimal time for an obstetric ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations.

### Codes

#### CPT code section

**Standard and Limited fetal ultrasounds:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<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>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</td>
</tr>
</tbody>
</table>
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

**Detailed fetal ultrasounds:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Attachments: Please right-click on the icon to open the file**

| UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Fetal Ultrasound Diagnosis List | ICD-10-CM codes covered for Standard and Limited (Routine) fetal ultrasounds if selection criteria are met for use on or after October 1, 2015 |
| UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List          | ICD-10-CM codes covered for Detailed fetal ultrasounds if selection criteria are met for use on or after October 1, 2015. |
| Kansas Fetal Ultrasound ICD-10-CM Standard and Limited Diagnosis List                        | ICD-10-CM Kansas codes covered for Standard and Limited (Routine) ultrasounds if selection criteria are met. |
| Kansas Fetal Ultrasound ICD-10-CM Detailed Diagnosis List                                    | ICD-10-CM Kansas codes covered for Detailed fetal ultrasounds if selection criteria are met. |
| California Fetal Ultrasound Diagnosis List                                                   | ICD-10-CM California codes covered for Standard/Limited and Detailed fetal ultrasounds if selection criteria are met. |

**Resources**

- Individual state Medicaid regulations, manuals & fee schedules
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

---

Proprietary information of UnitedHealthcare Community Plan. Copyright 2017 UnitedHealthcare Services, Inc. 2017R7112I
References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/20/2017</td>
<td>Attachments Section: Updated the UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Fetal Ultrasound Diagnosis List</td>
</tr>
<tr>
<td>7/15/2017</td>
<td>Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies.</td>
</tr>
<tr>
<td>4/20/2017</td>
<td>Attachments Section: Updated the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List</td>
</tr>
<tr>
<td>3/27/2017</td>
<td>State Exceptions Section: Missouri removed</td>
</tr>
<tr>
<td>3/26/2017</td>
<td>Attachments Section: Updated the UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Routine Fetal Ultrasound Diagnosis List. Removed the Missouri Detailed Fetal Ultrasound ICD-10-CM Diagnosis List. Additional Background and Sources Section was updated</td>
</tr>
</tbody>
</table>
| 2/12/2017  | Attachments Section: Updated the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List  
State Exceptions Section: Missouri added  
Attachments Section: Missouri ICD-10-CM list added |
| 1/17/2017  | State exceptions section: Louisiana removed                               |
| 1/1/2017   | Annual Version Change  
Annual Approval Date: Updated  
Approved By: Updated  
Reimbursement Guidelines: Removed reference to ICD-9-CM  
Attachments: The UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Routine Fetal Ultrasound Diagnosis List and the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List were updated. All ICD-9-CM Policy Lists were removed.  
History Section: Entries prior to 1/1/2015 were archived |
<p>| 10/2/2016  | Attachments Section: UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Routine Fetal Ultrasound Diagnosis List and UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List updated |
| 9/11/2016  | Attachments Section: UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List updated |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/22/2016</td>
<td>State Exceptions Section: California added, Louisiana added Attachment Section: California DX list added</td>
</tr>
<tr>
<td>1/1/2016</td>
<td>Annual version change. History prior to 1/1/2014 has been archived.</td>
</tr>
<tr>
<td>10/27/2015</td>
<td>Policy Verbiage Changes: Overview section updated to include ICD-10</td>
</tr>
<tr>
<td>9/30/2015</td>
<td>Attachments Section: Kansas Fetal Ultrasound ICD-10-CM Diagnosis Standard and Limited Diagnosis List and Kansas Detailed Fetal Ultrasound ICD-10-CM Diagnosis List added.</td>
</tr>
<tr>
<td>7/1/2015</td>
<td>Attachments Section: ICD-10-CM lists added KS ICD-9 list.</td>
</tr>
<tr>
<td>3/8/2015</td>
<td>Application Section updated: removed reference to location of policy for MS Chip.</td>
</tr>
<tr>
<td>1/1/2015</td>
<td>Annual version change. History prior to 1/1/2013 has been archived.</td>
</tr>
<tr>
<td>11/11/2012</td>
<td>Policy implemented by UnitedHealthcare Community Plan</td>
</tr>
</tbody>
</table>