

Obstetrical Ultrasound

Policy ID:	HHO-DE-MP-1181
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	
Annual Approval Date:	
Last Revision Date:	11/10/2021
Products:	Medicaid
Application:	
Page Number(s):	1-3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Obstetrical ultrasound is a highly developed technique capable of detecting many fetal structural and functional abnormalities. It is used in detecting ectopic pregnancy and multiple pregnancies, assessing fetal life and function, diagnosing physical anomalies, and guiding physicians in their efforts to treat the fetus

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

POLICY POSITION

2D Ultrasound

One (1) two-dimensional (2D) standard obstetrical ultrasound examination per low risk uncomplicated pregnancy may be considered medically necessary. If additional 2D ultrasound examinations are performed documentation will be required within the individuals' medical record to substantiate medical necessity of the service.

Obstetrical ultrasound prior to abortion

Obstetrical ultrasound prior to an abortion may be considered medically necessary. The medical necessity for the service must be documented in the individuals' records.

ELIGIBLE PROCEDURE CODES

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.
76805	Ultrasound, Pregnant uterus, Real Time With Image Documentation; (fetal And Maternal Evaluation), After First Trimester (greater Than Or=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=14 Weeks 0 Days), Transabdominal Approach; Each Additional 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.
76812	Ultrasound, Pregnant uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Each Additional Gestation.
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.

NONCOVERED PROCEDURE CODES

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; Requiring Image Postprocessing On An Independent Workstation.
76999	Unlisted Ultrasound Procedure (e.g., Diagnostic, Interventional).

NONCOVERED SERVICES

Three-dimensional (3D) and four-dimensional (4D) fetal ultrasounds are considered experimental/investigational, and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

References

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Sun HY, Proudfoot JA, McCandless RT. Prenatal detection of critical cardiac outflow tract anomalies remains suboptimal despite revise obstetrical imaging guidelines. *Congenital Heart Disease*. 2018;13(5):748-756.