Policy: MP106

Section: Medical Benefit Policy

Subject: Routine Ultrasonography in Uncomplicated Pregnancy

I. Policy: Routine Ultrasonography in Uncomplicated Pregnancy

II. Purpose/Objective:
   To provide a policy of coverage regarding Routine Ultrasonography in Uncomplicated Pregnancy

III. Responsibility:
   A. Medical Directors
   B. Medical Management

IV. Required Definitions
   1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
   2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
   3. Devised – the date the policy was implemented.
   4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
   5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

   a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
   b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
   c. in accordance with current standards of good medical treatment practiced by the general medical community.
   d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
   e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

   (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
   (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
   (iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Ultrasonography is a radiological technique in which deep structures of the body are visualized by recording the reflection of ultrasonic waves directed into the tissues. One use of ultrasonography is in the field of obstetrics and gynecology, where ionizing radiation is to be avoided whenever possible.

Nuchal Translucency (NT) - The term nuchal translucency refers to the space between the back of the fetal neck and the overlying skin. An association between increased NT and aneuploidy, particularly Down syndrome, was first noted in populations at high risk for chromosomal abnormality (i.e., advanced maternal age with previous pregnancy involving aneuploidy). It is commonly believed that the larger the NT measurement, the greater the association with Down syndrome and other aneuploidy. There are a number of different protocols that involve the NT measurement in combination with serum testing and ultrasound including:

- Combined Screening
- Integrated Screening
- Stepwise Sequential Screening
- Contingent Sequential Screening

INDICATIONS:
Ultrasound examination in obstetrics is used to detect congenital anomalies, multiple-gestation pregnancies, fetal growth disorders, placental abnormalities and to assess fetal age.

Nuchal Translucency Measurement:
The American College of Obstetrics and Gynecology (ACOG) recommends that all pregnant members, regardless of age, should be offered first trimester ultrasound screening for Down syndrome and trisomy 18 which includes nuchal translucency measurement and serum testing (free β-human chorionic gonadotropin (hCG) and pregnancy-associated plasma protein A (PAPP-A)). For first trimester ultrasound, screening for Down syndrome and trisomy 18 to be considered medically appropriate, it must be accompanied by the recommended serum testing and meet the following criteria:

1. Appropriate ultrasound training and ongoing quality monitoring programs are in place; and
2. Sufficient information and resources are available regarding the different screening options and the limitations of these tests; and
3. Access to an appropriate diagnostic test is available when screening tests are positive.

LIMITATIONS:
The medical utility of repeat routine ultrasound examinations in the absence of a clinical indication has not been demonstrated. Therefore, repeat ultrasound examinations in uncomplicated pregnancies, without evidence of clinical indications will NOT be covered.

EXCLUSIONS:
Ultrasound examinations performed solely to satisfy a request to know the fetal sex, to view the fetus, or to obtain a picture of the fetus are not considered medically necessary.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Routine Ultrasonography in Uncomplicated Pregnancy
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

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
76802 each additional gestation
76805 Ultrasound, pregnant uterus, B-scan and/or real time with image documentation, complete (complete fetal and maternal examination
76810  multiple gestation, after the first trimester
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  each additional gestation
76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement transabdominal or transvaginal approach; single or first gestation.
76814 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement transabdominal or transvaginal approach; each additional gestation.
76815 Ultrasound, pregnant uterus, real time with image documentation, limited (fetal size, heartbeat, 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., reevaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation 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.


LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


Health Technology Assessment NHS R&D HTA Programme. First and second trimester antenatal screening for Down syndrome: the results of the Serum,Urine and Ultrasound Screening study (SURUSS). Health Technology Assessment 2003;Vol.7: No. 11.


UpToDate. Routine Prenatal Ultrasonography as a Screening Tool. Anna K Sfakianaki M.D., Joshua Copel M.D.. Topic last updated January 2017


This policy will be revised as necessary and reviewed no less than annually.

Devised: 3/03

Revised: 8/13/03 (coding revisions); 8/06(LOB wording); 3/07 (added nuchal translucency); 3/10 (description), 7/16 (Gender Language)