

## Obstetrical Ultrasound Policy, Professional

### 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 Value & Balance Exchange reimbursement policies may use 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 Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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, 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.

### Policy

#### Overview

UnitedHealthcare Value & Balance Exchange 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.

The American College of Obstetricians and Gynecologists (ACOG) recommends-that in the absence of specific indications, the optimal time for an obstetric (OB) 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.

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

### Reimbursement Guidelines

Indications for an OB 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

### OB Ultrasound Codes

Standard (Routine) Fetal Ultrasound Codes: 76801, 76802, 76805, 76810, 76815, & 76816

Detailed Fetal Ultrasound Codes: 76811 & 76812

UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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.

**OB Ultrasound Limits**

UnitedHealthcare Value & Balance Exchange allows the first three OB ultrasounds per pregnancy. OB ultrasound codes are: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, & 76819.

Claims for the fourth and/or subsequent OB ultrasound procedure per pregnancy must contain a high risk pregnancy diagnosis code. High risk is defined by a diagnosis code from the [UnitedHealthcare Value & Balance Exchange ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis list](#).

For place of service 23 (emergency room/department) a fourth and/or subsequent OB ultrasound procedure per pregnancy must contain either an OB pregnancy diagnosis code from the [UnitedHealthcare Value & Balance Exchange ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis](#) list or a high risk pregnancy diagnosis code from the [UnitedHealthcare Value & Balance Exchange ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis list](#).

**Additional Background and Sources**

The SMFM has stated that a fetal ultrasound with detailed anatomic examination (CPT 76811) is not necessary as a routine scan for all pregnancies (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**

<b>North Carolina</b>	North Carolina is exempt from this policy
<b>Oklahoma</b>	Oklahoma is exempt from this policy
<b>Maryland</b>	Maryland is exempt from this policy



**Definitions**


Standard Examination	<p>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:</p> <ul style="list-style-type: none"> <li>• Abdomen (stomach, kidneys, bladder, umbilical cord insertion site into the fetal abdomen, umbilical cord vessel number)</li> <li>• Chest (heart)</li> <li>• Extremities (presence or absence of legs and arms)</li> <li>• Head, face and neck (cerebellum, choroid plexus, cisterna magna, lateral cerebral ventricles, midline falx, cavum septi pellucidi, upper lip)</li> <li>• Sex (medically indicated in low-risk pregnancies only for the evaluation of multiple gestations).</li> <li>• Spine (cervical, thoracic, lumbar, and sacral spine).</li> </ul>
Limited Examination	<p>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.</p>
Specialized Examination	<p>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.</p>
Same Group Physician and/or Other Qualified Health Care Professional	<p>Unless otherwise specified, for the purposes of this policy, Same Group Physician and/or Other Health Care Professional includes all physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax identification number.</p>

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Should a Standard examination be used for non-obstetric gynecological conditions?</p> <p><b>A:</b> 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.</p>
<b>2</b>	<p><b>Q:</b> Under what circumstances will a Detailed Fetal Anatomic examination be covered?</p>

	<p><b>A:</b> There are many reasons a detailed examination 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.</p>
<b>3</b>	<p><b>Q:</b> Are detailed examinations covered for pregnant women who are on bupropion (Wellbutrin) or who smoke cannabis?</p> <p><b>A:</b> There is inadequate evidence to support the clinical utility of a detailed examination 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.</p>
<b>4</b>	<p><b>Q:</b> What is included in a Standard Examination?</p> <p><b>A:</b> 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).</p>
<b>5</b>	<p><b>Q:</b> What is included in a Limited Examination?</p> <p><b>A:</b> 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.</p>
<b>6</b>	<p><b>Q:</b> What is included in a Detailed Examination?</p> <p><b>A:</b> This is performed when an anomaly is suspected on the basis of history, lab tests, or the results of a Limited or Standard Examination.</p>
<b>7</b>	<p><b>Q:</b> What is the recommended gestational age for an obstetric examination to screen for fetal anomalies?</p> <p><b>A:</b> ACOG recommended that in the absence of specific indications, the optimal time for an obstetric 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.</p>
<b>8</b>	<p><b>Q:</b> What is the recommended gestational age for an obstetric examination to screen for fetal anomalies?</p> <p><b>A:</b> ACOG recommended that in the absence of specific indications, the optimal time for an obstetric 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.</p>

<b>Attachments</b>	
  <b>UnitedHealthcare Value &amp; Balance Exchange ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List</b>	ICD-10-CM codes covered for Standard and Limited (Routine) fetal ultrasounds.
  <b>UnitedHealthcare Value &amp; Balance Exchange ICD-10-CM Detailed and High-Risk Fetal Ultrasound Diagnosis List</b>	ICD-10-CM codes covered for Detailed and High Risk fetal ultrasounds.

 <b>UnitedHealthcare Value &amp; Balance Exchange ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis List</b>	ICD-10-CM codes covered for Pregnancy fetal ultrasounds when billed with place of service 23 (emergency room/department).
---	---

## Resources

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

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

## References

1. Bofill JA, Sharp GH. Obstetric sonography. Who to scan, when to scan, and by whom. *Obstet Gynecol Clin North Am.* 1998;25(3):465-478.
2. Wagner RK, Calhoun BC. The routine obstetric ultrasound examination. *Obstet Gynecol Clin North Am.* 1998;25(3):451-463.
3. Dubbins PA. Screening for chromosomal abnormality. *Semin Ultrasound CT MR.* 1998;19(4):310-317.
4. Garmel SH, D'Alton ME. Diagnostic ultrasound in pregnancy: An overview. *Semin Perinatol.* 1994;18(3):117-132.
5. Seeds JW. The routine or screening obstetrical ultrasound examination. *Clin Obstet Gynecol.* 1996;39(4):814-830.
6. Gebauer C, Lowe N. The biophysical profile: Antepartal assessment of fetal well-being. *J Obstet Gynecol Neonatal Nursing.* 1993;22(2):115-123.
7. Salvesen K. Routine ultrasound scanning in pregnancy. *BMJ.* 1993;307(6911):1064.
8. Gomez KJ, Copel JA. Ultrasound screening for fetal structural anomalies. *Curr Opin Obstet Gynecol.* 1993;5(2):204-210.
9. Rodney WM, Deutchman ME, Hartman, KJ, et al. Obstetric ultrasound by family physicians. *J Family Practice.* 1992;34(2):186-200.
10. Evans MI, Chervenak FA, Eden RD. Report of the Council on Scientific Affairs of the American Medical Association: Ultrasound evaluation of the fetus. *Fetal Diagnosis Therapy.* 1991;6(3-4):132-147.
11. American College of Obstetricians and Gynecologists (ACOG). Multiple gestation. *ACOG Technical Bulletin No.131.* Washington, DC: ACOG; August 1989.
12. American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). *Guidelines for Perinatal Care.* 4th ed. Elk Grove Village, IL: AAP; August 1997.
13. American College of Obstetricians and Gynecologists (ACOG), Committee on Obstetric Practice. *Guidelines for diagnostic imaging during pregnancy.* ACOG Committee Opinion No. 158. Washington, DC: ACOG; September 1995.
14. American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins -- Obstetrics. *ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists. Prenatal diagnosis of fetal chromosomal abnormalities.* *Obstet Gynecol.* 2001;97(5 Pt 1):suppl 1-12.
15. Barnett SB, Maulik D; International Perinatal Doppler Society. *Guidelines and recommendations for safe use of Doppler ultrasound in perinatal applications.* *J Matern Fetal Med.* 2001;10(2):75-84.
16. Lakhani K, Seifalian AM, Atiomo WU, Hardiman P. Polycystic ovaries. *Br J Radiol.* 2002;75(889):9-16.
17. Kurjak A, Kupesic S, Simunic V. Ultrasonic assessment of the peri- and postmenopausal ovary. *Maturitas.* 2002;41(4):245-254.
18. Kupesic S, Kurjak A, Hajder E. Ultrasonic assessment of the postmenopausal uterus. *Maturitas.* 2002;41(4):255-267.

19. Timor-Tritsch IE, Platt LD. Three-dimensional ultrasound experience in obstetrics. *Curr Opin Obstet Gynecol.* 2002;14(6):569-575.
20. Jurkovic D. Three-dimensional ultrasound in gynecology: A critical evaluation. *Ultrasound Obstet Gynecol.* 2002;19(2):109-117.
21. Davies G, Wilson RD, Desilets V, et al. Amniocentesis and women with hepatitis B, hepatitis C, or human immunodeficiency virus. *J Obstet Gynaecol Can.* 2003;25(2):145-148, 149-152.
22. Bricker L, Garcia J, Henderson J, et al. Ultrasound screening in pregnancy: A systematic review of the clinical effectiveness, cost-effectiveness and women's views. *Health Technol Assess.* 2000;4(16):i-vi, 1-193.
23. Demianczuk NN, Van Den Hof MC, Farquharson D, et al. The use of first trimester ultrasound. *Obstet Gynaecol Can.* 2003;25(10):864-875.
24. Institute for Clinical Systems Improvement (ICSI). Prenatal ultrasound as a screening test. ICSI Technology Assessment Report No. 16. Bloomington, MN: ICSI; updated October 2002. Available at: <http://www.icsi.org>. Accessed March 31, 2004.
25. Hata T, Kanenishi K, Inubashiri E, et al. Three-dimensional sonographic features of placental abnormalities. *Gynecol Obstet Invest.* 2004;57(2):61-65.
26. American College of Obstetricians and Gynecologists. ACOG Committee Opinion #296: First-trimester screening for fetal aneuploidy. *Obstet Gynecol.* 2004;104(1):215-217.
27. American College of Obstetricians and Gynecologists (ACOG Committee on Ethics). ACOG Committee Opinion. Number 297, August 2004. Nonmedical use of obstetric ultrasonography. *Obstet Gynecol.* 2004;104(2):423-424.
28. Society for Maternal-Fetal Medicine (SMFM), Coding Committee. White paper on ultrasound code 76811. Announcements. Washington, DC: SMFM; May 24, 2004. Available at: <http://www.smfm.org/index.cfm?zone=news&nav=viewnews&newsID=238&smfmon=yes>. Accessed March 17, 2005.
29. American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins -- Obstetrics. Ultrasonography in pregnancy. ACOG Practice Bulletin No. 58. Washington, DC: ACOG; December 2004.
30. Morin L, Van den Hof MC; Society of Obstetricians and Gynaecologists of Canada. SOGC clinical practice guidelines. Ultrasound evaluation of first trimester pregnancy complications. Number 161, June 2005. *Int J Gynaecol Obstet.* 2006;93(1):77-81.
31. Goncalves LF, Lee W, Espinoza J, Romero R. Three- and 4-dimensional ultrasound in obstetric practice: does it help? *J Ultrasound Med.* 2005;24(12):1599-1624.
32. Kurjak A, Miskovic B, Andonotopo W, et al. How useful is 3D and 4D ultrasound in perinatal medicine? *J Perinat Med.* 2007;35(1):10-27.
33. Ji EK, Pretorius DH, Newton R, et al. Effects of ultrasound on maternal-fetal bonding: A comparison of two- and three-dimensional imaging. *Ultrasound Obstet Gynecol.* 2005;25(5):473-477.
34. Benacerraf BR, Shipp TD, Bromley D. How sonographic tomography will change the face of obstetric sonography: A pilot study. *J Ultrasound Med.* 2005;24(3):371-378.
35. Benacerraf BR, Shipp TD, Bromley B. Improving the efficiency of gynecologic sonography with 3-dimensional volumes: A pilot study. *J Ultrasound Med.* 2006;25(2):165-171.
36. Benacerraf BR, Shipp TD, Bromley B. Three-dimensional US of the fetus: Volume imaging. *Radiology.* 2006;238(3):988-996.
37. American College of Obstetricians and Gynecologists (ACOG) Committee on Health Care for Underdeserved Women; ACOG Committee on Obstetric Practice. ACOG committee opinion. Number 316, October 2005. Smoking cessation during pregnancy. *Obstet Gynecol.* 2005;106(4):883-888.
38. American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins -- Obstetrics. Ultrasonography in pregnancy. ACOG Practice Bulletin No. 98. Washington, DC: ACOG; October 2008.
39. Clinical Practice Obstetrics Committee; Maternal Fetal Medicine Committee, Delaney M, Roggensack A, Leduc DC, et al. Guidelines for the management of pregnancy at 41+0 to 42+0 weeks. *J Obstet Gynaecol Can.* 2008;30(9):800-823.
40. Chen M, Lee CP, Lam YH, et al. Comparison of nuchal and detailed morphology ultrasound examinations in early pregnancy for fetal structural abnormality screening: A randomized controlled trial. *Ultrasound Obstet Gynecol.* 2008;31(2):136-146; discussion 146.
41. American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins -- Obstetrics. Ultrasonography in pregnancy. ACOG Practice Bulletin No. 101. Washington, DC: ACOG; February 2009.

42. ACOG Committee on Practice Bulletins -- Obstetrics. ACOG Practice Bulletin: Clinical management guidelines for obstetrician-gynecologists number 92, April 2008 (replaces practice bulletin number 87, November 2007). Use of psychiatric medications during pregnancy and lactation. *Obstet Gynecol.* 2008;111(4):1001-1020.
43. Yagel S, Cohen SM, Messing B, Valsky DV. Three-dimensional and four-dimensional ultrasound applications in fetal medicine. *Curr Opin Obstet Gynecol.* 2009;21(2):167-174.
44. Chen M, Wang HF, Leung TY, et al. First trimester measurements of nasal bone length using three-dimensional ultrasound. *Prenat Diagn.* 2009;29(8):766-770.
45. Kurjak A, Abo-Yaqoub S, Stanojevic M, et al. The potential of 4D sonography in the assessment of fetal neurobehavior -- multicentric study in high-risk pregnancies. *J Perinat Med.* 2010;38(1):77-82.

History	
<b>4/25/2021</b>	Annual Anniversary Date and Version Change Attachments section: Update to the Standard and Limited (Routine) Fetal Ultrasound Diagnosis List and the Detailed and High-Risk Fetal Ultrasound Diagnosis List.
<b>3/1/2021</b>	Policy implemented by UnitedHealthcare Value & Balance Exchange