

Obstetrical Ultrasonography

Policy Number: RADIOLOGY 013A.30
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[Instructions for Use](#)

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Related Policy

- [Radiology Procedures for eviCore healthcare Arrangement](#)

Coverage Rationale

[See Benefit Considerations](#)

This policy has three components:

1. Utilization Management

Up to three ultrasounds will be reimbursed per member, per pregnancy, without prior authorization as outlined in section 2. and 3. of this policy. The fourth and subsequent obstetrical ultrasound procedure per member per pregnancy performed by a participating provider as outlined are subject to utilization review (prior authorization) by eviCore healthcare. Payment of these ultrasounds will be based upon provider contract, provider specialty and applicable payment rules.

Oxford has engaged eviCore healthcare to perform initial reviews of requests for prior authorization and Medical necessity reviews. To pre-authorize a radiology procedure, please call eviCore healthcare at 1-877-PRE-AUTH (1-877-773-2884) or log on to the eviCore healthcare web site using the [Prior Authorization and Notification App](#).

eviCore healthcare has established an infrastructure to support the review, development, and implementation of comprehensive outpatient imaging criteria. The radiology evidence-based guidelines and management criteria are available on the eviCore healthcare web site using the [Prior Authorization and Notification App](#).

The notification/authorization number is valid for 45 calendar days. It is specific to the advanced outpatient imaging procedure requested, to be performed one time, for one date of service within the 45-day period.

2 & 3. Payment by Specialty & Accreditation/Certification Requirements

Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [eviCore healthcare website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included.

Specialists will be reimbursed for radiology services rendered in the office, outpatient or home setting. Services are payable to participating physicians based on their specialty. In addition, certain ultrasounds may not be reimbursed unless the providers hold a particular accreditation. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed below.

- Reproductive Endocrinologists may perform the following ultrasound CPT codes; prior authorization for the fourth and subsequent procedures per member per pregnancy is required:

- 76815, 76816, 76817
 - * In addition to the codes listed above, a Reproductive Endocrinologist with an AIUM/ACR accreditation may perform the following studies; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
- 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828
- Obstetricians/Gynecologists may perform the following ultrasound CPT codes; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
 - 76815, 76816, 76817
 - * In addition to the codes listed above, an Obstetrician/Gynecologist with an AIUM or ACR accreditation may perform the following studies; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
 - 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828
- Maternal Fetal Medicine and Perinatal Neonatal Medicine specialists may perform the following ultrasound CPT codes; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
 - 76815, 76816, 76817
 - * In addition to the codes listed above, a Maternal Fetal Medicine and Perinatal Neonatal Medicine specialist with an AIUM or ACR accreditation may perform the following studies; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
 - 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828
- Laboratories accredited by the Intersocietal Accreditation Commission for Echocardiography may perform the following ultrasound CPT codes; prior authorization for the fourth and subsequent procedure per member per pregnancy is required:
 - 76820, 76821, 76825, 76826, 76827, 76828

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Payment guidelines are applicable to participating providers only.

- CPT code 76805 will be reimbursed two times per pregnancy if billed by two different providers and the provider has not already billed a 76811 - if 76805 is billed multiple times, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76815 or 76816).
- CPT code 76810 will be reimbursed one time per fetus - if 76810 is billed more than one time per fetus, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76815 or 76816).
- CPT code 76811 will be reimbursed two times per pregnancy if billed by two different providers. If 76811 is billed multiple times by the same provider, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76815 or 76816).
- CPT code 76812 will be reimbursed one time per fetus - if 76812 is billed is billed more than one time per fetus, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76815 or 76816).
- CPT code 76813 will be reimbursed one time per pregnancy for a single fetus or first of a multiple gestation.
- CPT code 76814 will be reimbursed (in addition to CPT code 76813) one time per pregnancy for each additional fetus of a multiple gestation.
- CPT code 76815 will be reimbursed one time per date of service.
- CPT code 76816 will be reimbursed when reported with modifier 59 for each additional fetus.
- CPT codes 76818 and 76819: Profile assessments will be reimbursed for the second and any additional fetuses and should be reported separately by code 76818 or 76819 with the modifier 59 appended.
- CPT code 76820 will be reimbursed one time per fetus per date of service.
- CPT code 76821 will be reimbursed one time per fetus per date of service.
- CPT code 76825 will be reimbursed one time per fetus - if 76825 is billed is billed more than one time per fetus, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76826).
- CPT code 76826 will be reimbursed when reported with modifier 59 for follow-up or repeat studies for the second and any additional fetuses.

- CPT code 76827 will be reimbursed one time per fetus - if 76827 is billed is more than one time per fetus, claim(s) will be denied and provider will need to resubmit claim(s) with the correct CPT code (76828).
- CPT code 76828 will be reimbursed when reported with modifier 59 for follow-up or repeat studies for the second and any additional fetuses.
- Evaluation and management (E&M) codes will be reimbursed on the same date of service as an obstetrical ultrasound only when the service is separate and distinct from routine antepartum care, as indicated by appending modifier -25.

CPT Code	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
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> 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 (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal 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., 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), trans abdominal approach per fetus.
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal; for non-obstetrical transvaginal ultrasound use 76830; If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code.
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D) with or without M-mode recording
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D) with or without M-mode recording; follow up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal pulsed wave and/or continuous wave with spectral display; follow up or repeat study

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Background

Obstetric Ultrasound is a highly developed technique used to detect ectopic pregnancy and multiple pregnancies, assessing fetal life and function, diagnosing physical anomalies, and guiding physicians in their efforts to treat the fetus.

Although the clinical benefit of routine ultrasonography has not been established, it is commonly performed early in pregnancy for confirmation of dates, fetal viability, and pregnancy location. Later studies at 16-20 weeks are used to assess fetal anatomy and to identify potential fetal abnormalities. In addition, there are a variety of complications that require ultrasound for evaluation.

References

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.

American College of Obstetricians and Gynecologists. Ultrasonography in Pregnancy. Technical Bulletin no. 187, 1993.

American Institute of Ultrasound in Medicine: Standards of Performance. Antepartum Obstetrical Ultrasound Examination.

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

Lefevre ML, Bain RP, Ewigman BG et al. A randomized trial of prenatal ultrasonographic screening: impact on maternal management and outcome. The RADIUS Study Group. Am.J. Obstet Gynecol 1993; 169:483-489.

National Institutes of Health Consensus Development Conference. The use of diagnostic ultrasound imaging during pregnancy. JAMA 1984, 252: 669-672.

Society for Maternal-Fetal Medicine (SMFM), Coding Committee. White paper on ultrasound code 76811. Announcements. Washington, DC: SMFM; May 24, 2004. Available at: www.smfm.org.

Policy History/Revision Information

Date	Summary of Changes
01/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">A notification/authorization number is valid for 45 calendar days; it is specific to the advanced outpatient imaging procedure requested, to be performed one time, and for one date of service within the 45-day periodThis policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialties listed [in the policy]Replaced language indicating “<i>Board Certified Pediatric Cardiologists with the American Board of Pediatrics and Cardiology</i> laboratories accredited by the Intersocietal Accreditation Commission for Echocardiography may perform the [listed] ultrasound CPT codes” with “laboratories accredited by the Intersocietal Accreditation Commission for Echocardiography may perform the [listed] ultrasound CPT codes” <p>Supporting Information</p> <ul style="list-style-type: none">Removed <i>Benefit Considerations</i> and <i>Prior Authorization Requirements</i> sectionsArchived previous policy version RADIOLOGY 013A.29 T2

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.