Clinical Policy: Ultrasound in Pregnancy

Reference Number: LA.CP.MP.38
Date of last revision: 52~~2~~/23

Revision Log
Coding Implications

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
This policy outlines the medical necessity criteria for ultrasound use in pregnancy. Ultrasound is the most common fetal imaging tool used today. Ultrasound is accurate at determining gestational age, fetal number, viability, and placental location; and is necessary for many diagnostic purposes in obstetrics. The determination of the time and type of ultrasound should allow for a specific clinical question(s) to be answered. Ultrasound exams should be conducted only when indicated and must be appropriately documented.

Policy/Criteria
It is the policy of Louisiana Healthcare Connections ~~that a~~that a minimum of three obstetric ultrasounds during pregnancy are not subject to prior authorization requirements or prepayment medical review. When an obstetric ultrasound is performed for an individual with multiple gestations, leading to more than one procedure code being submitted, this shall only be counted as one obstetric ultrasound. Obstetric ultrasounds performed in inpatient hospital, emergency department, and labor and delivery triage settings are excluded from this count. For maternal fetal medicine specialists, there shall be no prior authorization or medical review required for reimbursement of obstetric ultrasounds In all cases, obstetric ultrasounds must be medically necessary to be eligible for reimbursement

I. One standard *first trimester ultrasound (76801)* is allowed per pregnancy.

Subsequent standard first trimester ultrasounds are considered not **medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

II. One standard *second or third trimester ultrasound (76805)* is allowed per pregnancy.

Subsequent standard second or third trimester ultrasounds are considered **not medically necessary** as a limited or follow-up ultrasound assessment (76815 or 76816) should be sufficient to provide a re-examination of suspected concerns.

~~**III.**~~ One *detailed anatomic ultrasound (76811)* is allowed per pregnancy when performed to evaluate for suspected anomaly based on history, laboratory abnormalities, or clinical evaluation; or when there are suspicious results from a limited or standard ultrasound. Further indications include the possibility of fetal growth restriction and multifetal gestation. This ultrasound must be billed with an appropriate high risk diagnosis code from Table 4 below. Reimbursement for CPT codes 76811 and 76812 is restricted to maternal fetal medicine specialists. ~~For maternal fetal medicine specialists, there shall be no prior authorization or prepayment medical review required for reimbursement of obstetric~~

~~ultrasounds. In addition, in all cases, obstetric ultrasounds must be medically necessary to be eligible for reimbursement.~~

A second detailed anatomic ultrasound is considered **medically necessary** if a new maternal fetal medicine specialist group is taking over care, a second opinion is required, or the patient has been transferred to a tertiary care center in anticipation of delivery of an anomalous fetus requiring specialized neonatal care.

Further detailed anatomic ultrasounds are considered **not medically necessary** as there is inadequate evidence of the clinical utility of multiple detailed fetal anatomic examinations.

IV. ~~IV.~~ *Transvaginal ultrasounds (TVU)* are considered **medically necessary** when conducted in the first trimester for the same indications as a standard first trimester ultrasound, and later in pregnancy to assess cervical length, location of the placenta in women with placenta previa, or after an inconclusive transabdominal ultrasound. Cervical length screening is conducted for women with a history of preterm labor or to monitor a shortened cervix based on Table 1 below. Up to 13 transvaginal ultrasounds are allowed per pregnancy.

~~in pregnancy to assess cervical length, location of the placenta in women with placenta previa, or after an inconclusive transabdominal ultrasound. Cervical length screening is conducted for women with a history of preterm labor or to monitor a shortened cervix based on Table 1 below.~~

Table 1: Berghella approach to TVU measurement of cervical length for screening singleton gestations

Past pregnancy history	TVU cervical length screening	Frequency	Maximum # of TVU
Prior preterm birth 14 to 27 weeks	Start at 14 weeks and end at 24 weeks	Every two~~2~~ weeks as long as cervix is at least 30 mm*	11
Prior preterm birth 28 to 36 weeks	Start at 16 weeks and end at 24 weeks	Every two~~2~~ weeks as long as cervix is at least 30 mm*	9
No prior preterm birth	One exam between 18 and 24 weeks	Once	1

* Increase frequency to weekly in women with TVU cervical length of 26 to 29 mm. through 24 weeks. If <25 mm before 24 weeks, consider cerclage.

V *Fetal biophysical profiles* are covered and considered medically necessary when at least two of the following are met:
- Gestation period is at least 28 weeks;
- Pregnancy must be high risk, as determined by the provider; or
- Uteroplacental insufficiency is suspected in a normal pregnancy.

VI *Fetal Non-Stress Test*s are covered and considered medically necessary when one of the following is met:

- The pregnancy is post-date/post-maturity (after 41 weeks gestation);
- The treating provider suspects potential fetal problems in an otherwise normal pregnancy; or
- The pregnancy is high risk, including but not limited to diabetes mellitus, pre-eclampsia, eclampsia, multiple gestations, and previous intrauterine fetal death.

VII. 3D and 4D ultrasounds are considered not medically necessary. Studies lack sufficient evidence that they alter management over two-dimensional ultrasound in a fashion that improves outcomes.

The following additional procedures are considered not medically necessary:

- Ultrasounds performed solely to determine the sex of the fetus or to provide parents with photographs of the fetus;
- Scans for growth evaluation performed less than two~~2~~ weeks apart;
- Ultrasound to confirm pregnancy in the absence of other indications;
- A follow-up ultrasound in the first trimester in the absence of pain or bleeding.

Classifications of fetal ultrasounds include:

I. Standard First Trimester Ultrasound - 76801

A standard first trimester ultrasound is performed before 14 weeks and 0 days of gestation. It can be performed transabdominally, transvaginally, or transperineally. When performed transvaginally, CPT 76817 should be used. It includes an evaluation of the presence, size, location, and number of gestational sac(s); and an evaluation of the gestational sac(s).

Indications for a first trimester ultrasound ~~include the~~include, but are not limited to the following:

- To confirm an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate vaginal bleeding
- To evaluate pelvic pain
- To estimate gestational age
- To diagnose or~~and~~ evaluate multiple gestations
- To confirm cardiac activity
- As adjunct to chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
- To assess for certain fetal anomalies, such as anencephaly, in high risk patients
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- To screen for fetal aneuploidy (nuchal translucency) when a part of aneuploidy screening
- To evaluate suspected hydatidiform mole

II. Standard Second or Third Trimester Ultrasound - 76805

A standard ultrasound in the second or third trimester involves an evaluation of fetal presentation and number, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and an anatomic survey.

Indications for a standard second or third trimester ultrasound include but are not limited to, ~~the~~ the following:

- Screening for fetal anomalies
- Evaluation of fetal anatomy
- Estimation of gestational age
- Evaluation of fetal growth
- Evaluation of vaginal bleeding
- Evaluation of cervical insufficiency
- Evaluation of abdominal or ~~and~~ pelvic pain
- Determination of fetal presentation
- Evaluation of suspected multiple gestation
- Adjunct to amniocentesis or other procedure
- Evaluation of discrepancy between uterine size and clinical dates
- Evaluation of pelvic mass
- Examination of suspected hydatidiform mole
- Adjunct to cervical cerclage placement
- Evaluation of suspected ectopic pregnancy
- Evaluation of suspected fetal death
- Evaluation of suspected uterine abnormality
- Evaluation of fetal well-being
- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected placental abruption
- Adjunct to external cephalic version
- Evaluation of prelabor rupture of membranes or premature labor
- Evaluation for abnormal biochemical markers
- Follow-up evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placenta previa
- Evaluation with a history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- Assessment for findings that may increase the risk of aneuploidy

III. Detailed Anatomic Ultrasound - 76811

A detailed anatomic ultrasound is performed when there is an increased risk of an anomaly based on the history, laboratory abnormalities, or the results of the limited or standard ultrasound.

IV. Other Ultrasounds – 76817

A transvaginal ultrasound of a pregnant uterus can be performed in the first trimester of pregnancy and later in a pregnancy to evaluate cervical length and the position of the placenta relative to the internal cervical os. When this exam is done in the first trimester, the same indications for a standard first trimester ultrasound, 76801, apply.

Background

The Routine Antenatal Diagnostic Imaging with Ultrasound (RADIUS) trial showed that routine ultrasound screening of a low-risk population did not lead to improved perinatal outcomes. This was a practice based, multi-center randomized trial. There were no significant differences in birth weight or preterm delivery rates.[11]

Ultrasound is used most often in pregnancy for the estimation of gestational age.[5] It has been shown that the use of multiple biometric parameters can allow for accuracy to within three to four days in a mid-trimester study (14 to 22 weeks). Accurate dating of a pregnancy is crucial as many important decisions might be made based on this date, such as whether or not to resuscitate an infant delivered prematurely, when to give antenatal steroids, when to electively deliver a term infant, and when to induce for post-dates.[9]

Pregnancy dating with a first trimester or mid-trimester ultrasound will reduce the number of misdated pregnancies and subsequent unnecessary inductions for post-dates pregnancies. Third trimester ultrasounds for pregnancy dating are much less dependable.

Ultrasound is a helpful tool for the evaluation of fetal growth in at-risk pregnancies and the diagnosis of a small-for-gestational age baby (SGA). Those SGA babies with actual chronic hypoxemia and/or malnutrition can be termed growth restricted (FGR) if it is suspected that their growth has been less than optimal.

The American College of Obstetricians and Gynecologists (ACOG) does not yet recommend the use of three- or four-dimensional ultrasound as a replacement for any necessary two-dimensional study. ACOG states, "the technical advantages of three-dimensional ultrasonography include its ability to acquire and manipulate an infinite number of planes and to display ultrasound planes traditionally inaccessible by two-dimensional ultrasonography. Despite these technical advantages, proof of a clinical advantage of three-dimensional ultrasonography in prenatal diagnosis in general still is lacking."[5]

The Society of Maternal Fetal Medicine specifically addresses what is often considered a level II screening ultrasound or routine ultrasound, stating:

> "CPT 76811 is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies.
>
> It is felt by all organizations involved in the codes development and description that only one medically indicated CPT 76811 per pregnancy, per practice is appropriate. Once this detailed fetal anatomical exam (76811) is done, a second one should not be performed unless there are extenuating circumstances with a new diagnosis. It is appropriate to use CPT 76811 when a patient is seen by another maternal-fetal medicine specialist practice, for example, for a second opinion on a fetal anomaly, or if the patient is referred to a

tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

Follow-up ultrasound for CPT 76811 should be CPT 76816 when doing a focused assessment of fetal size by measuring the BPD [biparietal diameter], abdominal circumference, femur length, or other appropriate measurements, OR a detailed re-examination of a specific organ or system known or suspected to be abnormal. CPT 76805 would be used 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 when appropriate."[4]

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Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2022~~0~~, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 2: CPT® Codes Covered When Supported by Appropriate Diagnosis

CPT Codes	Description
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 day), 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 (≥14 weeks 0 day), transabdominal approach; single or first gestation

CPT Codes	Description
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 (**restricted to maternal fetal medicine specialists**)
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (**restricted to maternal fetal medicine specialists**)
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 (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	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
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
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
76830	Ultrasound, transvaginal

Table 4: ICD-10 Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound ~~(ICD-10 codes with an + indicate additional digits are needed)~~

ICD-10-CM Code	Description
B06.00 through B06.9~~B06.00 – B06.9~~	Rubella [German measles]~~Rubella [German measles]~~
B50.0 through B54~~B50.0 – B54~~	Malaria~~Malaria~~
B97.6~~B97.6~~	Parvovirus as the cause of diseases classified elsewhere~~Parvovirus as the cause of diseases classified elsewhere~~
E66.01~~E66.01~~	Morbid (severe) obesity due to excess calories [severe obesity with a BMI of 35 or >]~~Morbid (severe) obesity due to excess calories [severe obesity with a BMI of 35 or >]~~
O09.511 through O09.519~~O09.511 – O09.519~~	Supervision of elderly primigravida~~Supervision of elderly primigravida~~
O09.521 through O09.529~~O09.521 – O09.529~~	Supervision of elderly multigravida~~Supervision of elderly multigravida~~
O09.811 through O09.819~~O09.811 – O09.819~~	Supervision of pregnancy resulting from assisted reproductive technology~~Supervision of pregnancy resulting from assisted reproductive technology~~
O24.011 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.811 through O24.819, O24.911 through O24.919~~O24.011 – O24.019, O24.111 – O24.119, O24.311 – O24.319, O24.811 – O24.819, O24.911 – O24.919~~	Diabetes mellitus in pregnancy~~Diabetes mellitus in pregnancy~~
O28.3~~O28.3~~	Abnormal ultrasonic finding on antenatal screening of mother~~Abnormal ultrasonic finding on antenatal screening of mother~~
O28.5~~O28.5~~	Abnormal chromosomal and genetic finding on antenatal screening of mother~~Abnormal chromosomal and genetic finding on antenatal screening of mother~~
O30.001 through O30.099~~O30.001 – O30.099~~	Twin pregnancy~~Twin pregnancy~~
O30.101 through O30.199~~O30.101 – O30.199~~	Triplet pregnancy~~Triplet pregnancy~~

ICD-10-CM Code	Description
O30.201 through O30.299~~O30.201 – O30.299~~	Quadruplet pregnancy~~Quadruplet pregnancy~~
O30.801 through O30.899~~O30.801 – O30.899~~	Other specified multiple gestation~~Other specified multiple gestation~~
O31.10X0 through O31.23X9 ~~O31.10x+ – O31.23x+~~	Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more~~Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more~~
O33.6XX0 through O33.6XX9~~O33.6xx+~~	Maternal care for disproportion due to hydrocephalic fetus~~Maternal care for disproportion due to hydrocephalic fetus~~
O33.7XX0 through O33.7XX9~~O33.7xx+~~	Maternal care for disproportion due to other fetal deformities~~Maternal care for disproportion due to other fetal deformities~~
O35.00X0 through O35.00X9~~O35.0xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified~~Maternal care for (suspected) central nervous system malformation in fetus~~
O35.01X0 through O35.01X9~~O35.1xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum~~Maternal care for (suspected) chromosomal abnormality in fetus~~
O35.02X0 through O35.02X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly
O35.03X0 through O35.03X9~~O35.2xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts~~Maternal care for (suspected) hereditary disease in fetus~~
O35.04X0 through O35.04X9~~O35.3xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele~~Maternal care for (suspected) damage to fetus from viral disease in mother~~
O35.05X0 through O35.05X9~~O35.4xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly~~Maternal care for (suspected) damage to fetus from alcohol~~
O35.06X0 through O35.06X9 ~~O35.5xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly~~Maternal care for (suspected) damage to fetus by drugs~~
O35.07X0 through O35.07X9~~O35.6xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly~~Maternal care for (suspected) damage to fetus by radiation~~
O35.08X0 through O35.08X9~~O35.8xx+~~	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida~~Maternal care for other (suspected) fetal abnormality and damage~~
O35.09X0 through O35.09X9~~O35.9xx+~~	Maternal care for (suspected) other central nervous system malformation or damage in fetus~~Maternal care for (suspected) fetal abnormality and damage, unspecified~~

ICD-10-CM Code	Description
O35.10X0 through O35.10X9~~O36.011+ - O36.099+~~	Maternal care for (suspected) chromosomal abnormality in fetus~~Maternal care for rhesus isoimmunization~~
O35.11X0 through O35.11X9~~O36.111+ - O36.199+~~	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13~~Maternal care for other isoimmunization~~
O35.12X0 through O35.12X9~~O36.511+ - O36.599+~~	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18~~Maternal care for other known or suspected poor fetal growth~~
O35.13X0 through O35.13X9~~O40.1xx+ - O40.9xx+~~	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21~~Polyhydramnios~~
O35.14X0 through O35.14X9~~O41.00x+ - O41.03x+~~	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome~~Oligohydramnios~~
O35.15X0 through O35.15X9~~O69.81x+ - O69.89x+~~	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality~~Labor and delivery complicated by other cord complications~~
O35.19X0 through O35.19X9~~O71.9~~	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality~~Obstetric trauma, unspecified~~
O35.AXX0 through O35.AXX9 ~~O76~~	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies~~Abnormality in fetal heart rate and rhythm complicating labor and delivery~~
O35.BXX0 through O35.BXX9~~O98.311 - O98.319, O98.411 - O98.419, O98.511 - O98.519, O98.611 - O98.619, O98.711 - O98.719, O98.811 - O98.819~~	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies~~Other maternal infectious and parasitic diseases complicating pregnancy~~
O35.CXX0 through O35.CXX9~~O99.310 - O99.313~~	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies~~Alcohol use complicating pregnancy~~
O35.DXX0 through O35.DXX9~~O99.320 - O99.323~~	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies~~Drug use complicating pregnancy~~
O35.EXX0 through O35.EXX9~~O99.411 - O99.419~~	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies~~Diseases of the circulatory system complicating pregnancy~~
O35.FXX0 through O35.FXX9~~Q04.8~~	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk~~Other specified congenital malformations of brain [choroid plexus cyst]~~

ICD-10-CM Code	Description
O35.GXX0 through O35.GXX9~~Q30.1~~	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies~~Agenesis and underdevelopment of nose [absent or hypoplastic nasal bone]~~
O35.HXX0 through O35.HXX9~~Q62.0~~	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies~~Congenital hydronephrosis [fetal pyelectasis]~~
O35.2XX0 through O35.2XX9~~Q71.811 - Q71.819~~	Maternal care for (suspected) hereditary disease in fetus~~Congenital shortening of upper limb [humerus]~~
O35.3XX0 through O35.3XX9~~Q72.811 - Q72.819~~	Maternal care for (suspected) damage to fetus from viral disease in mother~~Congenital shortening of lower limb [femur]~~
O35.4XX0 through O35.4XX9~~Q92.0 - Q92.9~~	Maternal care for (suspected) damage to fetus from alcohol~~Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy]~~
O35.5XX0 through O35.5XX9~~R93.5~~	Maternal care for (suspected) damage to fetus by drugs~~Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum~~
O35.6XX0 through O35.6XX9~~R93.811 - R93.89~~	Maternal care for (suspected) damage to fetus by radiation~~Abnormal findings on diagnostic imaging of other specified body structures~~
O35.8XX0 through O35.8XX9~~Z68.35 - Z68.45~~	Maternal care for other (suspected) fetal abnormality and damage~~Body mass index [BMI] 35.0 - 70 or greater, adult~~
O35.9XX0 through O35.9XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified
O36.0110 through O36.0999	Maternal care for rhesus isoimmunization
O36.1110 through O36.1999	Maternal care for other isoimmunization
O36.5110 through O36.5999	Maternal care for other known or suspected poor fetal growth
O40.1XX0 through O40.9XX9	Polyhydramnios
O41.00X0 through O41.03X9	Oligohydramnios
O69.81X0 through O69.89X9	Labor and delivery complicated by other cord complications
O71.9	Obstetric trauma, unspecified
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O98.311 through O98.319, O98.411 through O98.419, O98.511 through	Other maternal infectious and parasitic diseases complicating pregnancy

ICD-10-CM Code	Description
O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819	
O99.310 through O99.313	Alcohol use complicating pregnancy
O99.320 through O99.323	Drug use complicating pregnancy
O99.411 through O99.419	Diseases of the circulatory system complicating pregnancy
Q04.8	Other specified congenital malformations of brain [choroid plexus cyst]
Q30.1	Agenesis and underdevelopment of nose [absent or hypoplastic nasal bone]
Q62.0	Congenital hydronephrosis [fetal pyelectasis]
Q71.811 through Q71.819	Congenital shortening of upper limb [humerus]
Q72.811 through Q72.819	Congenital shortening of lower limb [femur]
Q92.0 through Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy]
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.811 through R93.89	Abnormal findings on diagnostic imaging of other specified body structures
Z68.35 through Z68.45	Body mass index [BMI] 35.0 – 70 or greater, adult

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	08/15/2020	
Section IV.Table 1, revised note * Increase frequency to weekly in women with TVU cervical length of 25 to 29 mm, to 26 to 29mm and changed "If < 25 mm before 24 weeks…" to < = 25mm; edited maximum # TVU to 11 for prior preterm birth at 14-27 weeks, and 9 for prior preterm birth at 28 to 36 weeks. Changed total number of allowed TVUS per pregnancy to 13. Removed "experimental" from section V. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." References reviewed and updated.	12/2/2021	3/26/22
References reviewed and updated. Changed Members to members/enrollees. Specialist review.	7/22	9/26/22
Revised to add criteria for MFM Specialists, Fetal biophysical profiles, and Non-Stress Tests.	2/23	4/3/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Minor rewording in Description, in Table 1 under Criteria IV., and in Criteria V. Verbiage added to indicate list is not all inclusive under Classifications of fetal ultrasounds Section I. and Section II. Background updated with no impact on criteria. Updated Table 4 Coding description. The following retired code ranges were removed: O35.0XX0 through O35.0XX9 and O35.1XX0 through O35.1XX9. The following code ranges were added: O35.00X0 through O35.00X9, O35.01X0 through O35.01X9, O35.02X0 through O35.02X9, O35.03X0 through O35.03X9, O35.04X0 through O35.04X9, O35.05X0 through O35.05X9, O35.06X0 through O35.06X9, O35.07X0 through O35.07X9, O35.08X0 through O35.08X9, O35.09X0 through O35.09X9, O35.10X0 through O35.10X9, O35.11X0 through O35.11X9, O35.12X0 through O35.12X9, O35.13X0 through O35.13X9, O35.14X0 through O35.14X9, O35.15X0 through O35.15X9, O35.19X0 through O35.19X9, O35.AXX0 through O35.AXX9 , O35.BXX0 through O35.BXX9, O35.CXX0 through O35.CXX9, O35.DXX0 through O35.DXX9, O35.EXX0 through O35.EXX9, O35.FXX0 through O35.FXX9, O35.GXX0 through O35.GXX9, O35.HXX0 through O35.HXX9. References reviewed and updated.	~~53~~/23	

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