Subject: Obstetrical Ultrasound*

Effective Date: May 6, 2003

Department(s): Utilization Management

Policy: Obstetrical ultrasound (abdominal or vaginal) is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and the appropriate utilization of clinical resources.

Procedure:

A. Three (3) diagnostic two-dimensional (2D) obstetrical ultrasound exams (CPT 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817) in addition to first trimester nuchal translucency imaging will be approved without need for clinical review.

B. Diagnostic ultrasound examination subsequent to the initial three studies after first trimester nuchal translucency imaging shall require precertification and provision of the following clinical information:

1. History – nature, onset and evolution of symptoms warranting the repeat examination
2. Physical findings, maternal and fetal
3. Previous diagnostic testing, both ultrasonic and other, warranting the repeat examination

C. Requests for repeat obstetrical ultrasound for fetal conditions including, but not necessarily limited to,
documented suspicion of an anatomic or developmental abnormality, will be authorized.

D. Requests for repeat obstetrical ultrasound for other indications will be referred to the medical director for review.

E. When performed in conjunction with in-vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT), or zygote intra-fallopian transfer (ZIFT), obstetrical ultrasound is subject to specific contractual limitations and/or exclusions of the individual Client’s infertility policy.

F. When performed as part of a special procedure (including but not limited to amniocentesis [CPT 76946 to be bundled into 59000], chorionic villus sampling [CVS] [CPT 76945 to be bundled into CPT 59015], intrauterine fetal transfusion or cordocentesis [CPT 76941 to be bundled into 36460 or 59012], cervical cerclage [CPT 59325], external version from breech to vertex presentation [CPT 59412]) diagnostic ultrasound will be considered global to the primary procedure and will not be reimbursed separately.

G. A transvaginal sonogram (CPT 76817) done together with a pelvic sonogram to obtain a more detailed image of the fetus and placenta will be considered global to the pelvic sonogram and will not be reimbursed separately.

H. Ultrasound performed solely to determine fetal gender will not be reimbursed.

I. Neither three-dimensional (3D) nor four-dimensional (4D) obstetrical ultrasound examinations are reimbursable as there is not a satisfactory body of peer-reviewed literature supporting their medical necessity. They are therefore deemed experimental, investigational, or unproven.
References


Sfakianaki AK, Copel J. Routine prenatal ultrasonography as a screening tool. UpToDate 2009;17.1 (Feb 2). Available at http://www.uptodate.com/online/content/topic.do?topicKey=antenatl/18078&view=print Accessed 05/13/09

Ecker JL, Greene MF. Indications for diagnostic obstetrical ultrasound examination. UpToDate 2006;15.3 (Dec 29) at http://www.utdol.com/utd/content/topic.do?topicKey=antenatl/7451&view=print accessed 10/27/07


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*