



**Subject:** **Obstetrical Ultrasound\***

**Effective Date:** **May 6, 2003**

**Department(s):** **Utilization Management**

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**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 aminiocentesis [**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.

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

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