

OBSTETRICAL ULTRASOUND IMAGING GUIDELINES

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MedSolutions, Inc. Clinical Decision Support Tool for Obstetrical Ultrasound

Common symptoms and symptom complexes are addressed by this tool. Imaging requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician may provide additional insight.

2009 OBSTETRIC ULTRASOUND IMAGING GUIDELINES

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ABBREVIATIONS and GLOSSARY for OBSTETRIC ULTRASOUND GUIDELINES

ACOG	American College of Obstetricians and Gynecologists
AFI	Amniotic fluid index
AFP	Alpha-fetoprotein
AMA	American Medical Association
CPT®	Current Procedural Terminology (a registered trademark of the American Medical Association)
CST	Contraction Stress Test
B-Mode (brightness mode)	A two-dimensional imaging procedure, B-mode ultrasound is the basis for all static and real-time B-scan images
BPP	Biophysical Profile. BPP combines data from two sources (ultrasound imaging and fetal heart rate monitoring). BPP measures the baby's heart rate, muscle tone, movement, breathing, and the amount of amniotic fluid.
D&C	Dilatation and curettage
Dichorionic twins	Twins having distinct chorions (membrane that forms the fetal part of the placenta), including monozygotic twins (from one oocyte [egg]) separated within 72 hours of fertilization and all dizygotic twins (from two oocytes [eggs] fertilized at the same time)
DOS	Date of Service
Doppler Studies	Doppler involves measuring a change in frequency when the motion of vascular flow is detected.
Duplex Exam	Duplex is an ultrasound technique that combines Doppler and real-time imaging capabilities, either simultaneously or sequentially performed.
EDC	Estimated Date of Confinement: <ul style="list-style-type: none"> ○ The EDC is determined from the first day of the last menstrual period. <ul style="list-style-type: none"> ➤ First Trimester: <14 weeks ➤ Second Trimester: >14 to <28 weeks ➤ Third Trimester: >28 weeks
ETOP	Elective Termination of Pregnancy
FHR	Fetal Heart Rate
hCG	Human chorionic gonadotropin
IDDM	Insulin-dependent diabetes mellitus
IUGR	Intrauterine growth restriction (defined as an estimated or actual weight of the fetus below 10th percentile for gestational age)
LMP	Last Menstrual Period
M-Mode (time motion trace)	An M-mode picture is an ultrasound picture in which movement of a structure such as a heart valve or heart wall can be depicted in a wave-like manner. M-mode is primarily used in cardiac and fetal cardiac imaging.

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ABBREVIATIONS and GLOSSARY for OBSTETRIC ULTRASOUND GUIDELINES
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Macrosomia	Estimated fetal weight of greater than 4000 grams or 4500 grams
Monochorionic twins	Twins developed from one oocyte (egg) developing with a single chorion (membrane that forms the fetal part of the placenta)
NICU	Neonatal Intensive Care Unit
NST	Fetal Non-Stress test
Oligohydramnios	Diminished amniotic fluid volume (AFV) for gestational age. Definitions include amniotic fluid index (AFI) less than 10 at less than 30 weeks gestation, AFV less than 500 ml at 32-36 weeks gestation, maximum deepest pocket of less than 2 cm, AFI of less than 5 cm or less than the fifth percentile for gestational age
PACS	Picture Archiving and Communication System
Polyhydramnios	Excessive amniotic fluid for gestational age. Definitions include amniotic fluid index (AFI) greater than 18 at less than 30 weeks gestation, amniotic fluid volumes greater than 1,700-1,900 ml during the last two months of pregnancy, amniotic fluid index (AFI) greater than 24 cm
PROM	Preterm Rupture of Membranes
Quadruple Screen	Alpha-fetoprotein (AFP), Estriol, Human chorionic gonadotropin (hCG), and Inhibin A
Real Time Scan	Considered the most common type of ultrasound, this is a two-dimensional scan that reflects structure and motion over time. The scanning and display of ultrasound images are run at a sufficiently rapid rate so that moving structures can be viewed moving at their natural rate. Frame rates \geq 15 frames per second are considered real time.
Triple Screen	Alpha-fetoprotein (AFP), Estriol, and Human chorionic gonadotropin (hCG)

2009 OBSTETRIC ULTRASOUND IMAGING GUIDELINES

OBUS-1~GENERAL GUIDELINES

- Ultrasound is the initial imaging tool for the evaluation of the pregnant woman and fetus in many conditions.
- **State-specific coverage policies and/or health plan-specific coverage policies take precedence over MedSolutions' guidelines** ([see OBUS-6 Specific State and/or Health Plan Obstetrical Ultrasound Rules](#))
- **A Duplex scan describes:**
 1. An ultrasonic scanning procedure for characterizing the pattern and direction of blood flow in arteries and veins with the production of real time images integrating B-mode two dimensional vascular structure, and
 2. Doppler spectral analysis, and
 3. color flow Doppler imaging
 - The use of a hand-held or any Doppler device that does not create a hard-copy output is considered part of the physical examination and is not separately billable. This exclusion includes devices that produce a record that does not permit analysis of bi-directional vascular flow.
 - The minimal use of color Doppler alone, when performed for anatomical structure identification, during a standard ultrasound procedure, is not separately reimbursable
- **3D and 4D RENDERING**
 - There is insufficient data currently to generate appropriateness criteria for the use of 3D and 4D rendering in conjunction with ultrasound.* Therefore, **the routine use of 3D and 4D rendering in conjunction with ultrasound is considered investigational**
 - *[Obstetrics and Gynecology 2008; 112:145-157](#)
 - *[ACOG Practice Bulletin No. 101: Ultrasonography in pregnancy. February 2009](#)
- **All obstetric ultrasound studies require permanently recorded images.**
 - These images may be stored on film or in a Picture Archiving and Communication System (PACS).
 - Obstetric ultrasound services may not be billed without image recording.

Obstetrical Ultrasound Medical Necessity Criteria

**OBUS-2~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS:
*FIRST TRIMESTER (<14 weeks gestation)***

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Obstetrical Ultrasound Medical Necessity Criteria

OBUS-2~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS: FIRST TRIMESTER (<14 weeks gestation)

- **OBUS 2.1 Uncertain Dates**
 - There must be a positive pregnancy test.
 - The **low risk pregnancy** that has no other indications for ultrasound should have the ultrasound performed between 18-20 weeks [See OBUS 3.8 Fetal Anomaly Screen \(fourth open bullet point\)](#). The timing can be determined by fundal height.*
 - *ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - ACOG Committee Opinion, Number 297, *Nonmedical Use of Obstetric Ultrasound*. August 2004
 - ACR Practice Guideline for the Performance of Obstetrical Ultrasound, Effective 10/1/07
 - AIUM Practice Guideline for the Performance of Obstetric Ultrasound Examinations, 2007
 - **Irregular menstrual periods**
 - If the mother has had irregular menstrual periods in the year prior to the current pregnancy, then one ultrasound can be performed to confirm dates (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Maternal risk factors present**
 - If there are maternal risk factors present (see **High Risk Pregnancy** below) such that knowing the EDC is critical to managing the pregnancy, one ultrasound can be performed to confirm dates (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - Follow-up ultrasound should not be performed for “Uncertain Dates.” Repeat imaging should only be performed for specific indications such as vaginal bleeding, pain, known or suspected intrauterine growth restriction (IUGR), known or suspected oligohydramnios or polyhydramnios, etc.
- **OBUS 2.2 Unequal fundal size and dates**
 - Defined as either more than or less than a 3 week difference in fundal height and estimated date of confinement (EDC)
 - One ultrasound evaluation is appropriate **to confirm suspected twins or multiple pregnancy** (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - See **OBUS 2.1 Uncertain Dates** above for additional guidelines

- **OBUS 2.3 High Risk Pregnancy**

- High risk pregnancy is a broad term used to describe a continuum ranging from women who are at only a slightly higher-than-average risk of experiencing complications during pregnancy or birth or giving birth to a baby with a birth defect, to women who are at significant risk for these problems.
- Women are generally classified as high risk if they have:
 - a chronic medical condition that may affect pregnancy
 - pregnancy-related complications during a previous pregnancy or pregnancy-related complications during the current pregnancy
 - a history of pregnancy loss
- **One ultrasound can be performed in the first trimester for women with the following risk factors***(report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound):
 - Maternal age less than 18 or greater than 34 years old
 - Drug or alcohol addiction
 - Diabetes requiring insulin
 - Rh sensitization (titers greater than 1/8)
 - High blood pressure (greater than 160/95 or requiring medication)
 - Kidney disease such as pyelonephritis, glomerulonephritis, lupus, or persistent protein in the urine
 - Heart disease--New York Heart Association (NYHA) class III or IV or arrhythmia
 - History of two or more early fetal deaths (less than 20 weeks) or two or more elective terminations of pregnancy
 - History of late fetal death (greater than or equal to 20 weeks)
 - Prior neonatal death (0 to 28 days)
 - Prior Neonatal Intensive Care Unit (NICU) infant (NICU Level III, greater than 24 hours)
 - Two or more low birth weight infants
 - Sickle Cell Disease (SS) NOT sickle cell trait (AS, SC, etc.)
 - Maternal blood clotting disorder (Antiphospholipid Syndrome, Factor V Leiden mutation, Antithrombin III deficiency, Protein C/Protein S deficiency, etc.)
 - History of infertility
 - Antenatal testing with risk of stillbirth
 - Indications include:
 - ❖ Advanced maternal age (age 35 years or older)
 - ❖ Nulliparity (never having given birth to a child)
 - ❖ Grand multiparity (5 or more viable pregnancies)
 - ❖ Obesity
 - ❖ Conception with assisted reproductive technologies
 - ❖ Hereditary and acquired thrombophilias such as Factor V Leiden Mutation

- *Other entities that may be risk factors are listed as separate sections in these guidelines (e.g. vaginal bleeding, multiple pregnancy, etc.)
- Follow-up ultrasound should not be performed solely for the indication of “High Risk Pregnancy” (V23.0-V23.9).
 - Repeat imaging should only be performed for specific indications such as multiple pregnancy, known or suspected intrauterine growth restriction (IUGR), known or suspected oligohydramnios or polyhydramnios, etc.
- **Reference:**
 - ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009

- **OBUS 2.4 Genetic Ultrasound Screening**

- **Down Syndrome**

- The first trimester screen for Down syndrome uses a combination of the maternal age, the serum quadruple screen (AFP, Estriol, hCG, and Inhibin A), the serum marker PAPP-A, and the Fetal Nuchal Translucency scan (ultrasound measurement of the back of the neck of the fetus). When used correctly, this first trimester screen has a detection rate of approximately 95% with a false-positive rate of 5%.*

*Leshin L. *Prenatal Screening for Down Syndrome*. January 2007. <http://www.ds-health.com/prenatal.htm>. Accessed September 24, 2009

- Ultrasound screening for Down syndrome with one ultrasound (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound) can be performed when one or more of the following is present^{1,2}:

- Abnormal triple screen (see chart)³

Disorder	AFP	Estriol	hCG
Down Syndrome (Trisomy 21)	Low	Low	High
Trisomy 13	Normal	No data	Low
Trisomy 18	Low	Low	Low
Open Neural Tube Defects	High	Normal	Normal
IUGR, preterm birth, stillbirth	High	No data	No data
Multiple Gestation	High	High	High

- One or more of the following risk factors:
 - ❖ Maternal age 35 years or older and/or abnormal Triple Screen (AFP, Estriol, and hCG)
 - ❖ History of having a child with Down syndrome
 - ❖ Insulin-dependent diabetes mellitus
 - ❖ Exposure to harmful medications
 - ❖ History of viral infections during pregnancy
 - ❖ Exposure to radiation
 - ❖ Abnormality seen on previous imaging that suggests presence of Down syndrome

- Ultrasound is used to confirm the gestational age of the fetus, which is important since the accuracy of the components of the screening test for Down syndrome depends on knowing the gestational age precisely.

- Ultrasound is also used to rule out fetal problems such as small bowel obstruction or cardiac abnormalities.
- The value of ultrasound screening if maternal age is 35 or greater and the Triple Screen is normal has not been established ^{2,4}
- **References:**
 - ¹ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - ²*Obstetrics and Gynecology* 2008;112:145-157
 - ³*Obstetrics and Gynecology* June 1996;87(6):948-952
 - ⁴*Obstetrics and Gynecology* June 2002;99(6):993-995

- **OBUS 2.5 Vaginal Bleeding**

- **Suspected ectopic**

- Ultrasound can be performed for suspected ectopic pregnancy (report one of the following CPT codes: 76815, 76816, or 76817)
 - Treatment is either surgical or with methotrexate
 - Follow-up is with serial serum hCG measurements until the value becomes normal.
 - Repeat ultrasound (CPT 76815, 76816, or 76817) can be performed for recurrence of pain or for hCG values that are not decreasing appropriately.

- **Spontaneous abortion (miscarriage)**

- **Evaluation of threatened or missed abortion**

- Ultrasound can be performed to evaluate threatened or missed abortion (miscarriage) (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
- Repeat ultrasound (CPT 76815, 76816, or 76817) is appropriate in the setting of rising or non-falling serum hCG levels.
- A repeat ultrasound can be performed no earlier than seven days following the last ultrasound imaging in the setting of rising or non-falling serum hCG values.
 - ❖ Ultrasound imaging may be repeated earlier than seven days if there are new symptoms.

- **Complete Abortion**

- Ultrasound is generally not indicated in the event of a complete spontaneous abortion if there is no pain, no ongoing bleeding, and hCG levels are not rising.

- **Hydatidiform mole**

- Ultrasound can be performed for diagnosis of hydatidiform mole (report one of the following CPT codes: 76815, 76816, or 76817)
- Following treatment with D & C and/or methotrexate, serial serum hCG values are measured until they become negative.

- Ultrasound may be necessary for follow-up (CPT 76815, 76816, or 76817) if hCG titers are not decreasing as expected, are increasing following treatment, or if there is onset of pain despite falling hCG titers.
 - **Follow-up of subchorionic hematoma or placental hematoma**
 - Ultrasound can be performed for follow-up of a known subchorionic hematoma or placental hematoma (CPT 76815, 76816 or 76817) if the last ultrasound was performed greater than seven days ago.
 - Ultrasound imaging may be repeated earlier than seven days if there are new or worsening symptoms such as an increasing amount of vaginal bleeding or increasing cramping or pain.
- **OBUS 2.6 Uterine anomaly/abnormality**
 - One ultrasound can be performed for a known or suspected uterine anomaly or abnormality (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound).
 - Repeat ultrasounds for uterine anomaly or abnormality are not generally indicated unless there are new or worsening symptoms in the mother or new or worsening problems with the pregnancy since the last imaging study.
- **OBUS 2.7 Locate an Intrauterine Device (IUD)**
 - One ultrasound can be performed to locate an intrauterine device (IUD) (report one of the following CPT codes: 76801 if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
- **OBUS 2.8 History of Infertility**
 - One ultrasound can be performed if there is a history of infertility (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for transvaginal ultrasound)
 - Repeat ultrasound is not usually necessary unless there are new clinical indications.
- **OBUS 2.9 History of Pregnancy Loss**
 - **History of habitual abortion**
 - One ultrasound is appropriate (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Incompetent Cervix:**
 - One ultrasound is appropriate for known or suspected incompetent cervix in order to evaluate cervical length (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)

- **OBUS 2.10 Absent Fetal Heart Tones (FHT)**
 - **Less than 12 weeks gestation:**
 - Prior to considering ultrasound or other imaging, evaluation of Fetal Heart Tones should be repeated at 12 weeks gestation
 - If there are absent fetal heart tones, but other maternal signs or symptoms are present such as cramping, vaginal bleeding, etc., then ultrasound can be performed prior to 12 weeks gestation
 - Ultrasound is generally not necessary if the fundal size is consistent with the estimated date of confinement (EDC), or the pregnancy is at least 12 weeks
 - One ultrasound is appropriate if the fundal size is less than the dates. (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **12 weeks gestation or greater:**
 - One ultrasound is appropriate (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
- **OBUS 2.11 Pelvic mass or neoplasm**
 - One ultrasound is appropriate to evaluate a known or suspected pelvic mass or neoplasm (report one of the following CPT codes: 76815, 76816, or 76817)
 - Repeat ultrasounds are not generally indicated unless there are new or worsening symptoms in the mother or new or worsening problems with the pregnancy since the last imaging study.
- **OBUS 2.12 Abnormal alpha-fetoprotein (AFP) or Triple Screen (AFP, Estriol and hCG)**
 - One ultrasound is appropriate (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
- **OBUS 2.13 Fetal Nuchal Translucency scan (also called NT or Nuchal fold scan)**
 - See also **Down Syndrome** under [OBUS 2.4 Genetic Ultrasound Screening](#)
 - Must have one of the risk factors for Down syndrome
 - Performed once between 11 and 14 weeks gestation to help identify higher risks of Down Syndrome in a fetus (CPT 76813 [plus 76814 if more than one fetus])
 - CPT code 76813 can only be used once per pregnancy.
 - If the Fetal Nuchal Translucency scan is positive, then amniocentesis testing is required rather than repeat ultrasounds.

Obstetrical Ultrasound Medical Necessity Criteria

**OBUS-3~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS:
*SECOND TRIMESTER (≥14 to <28 weeks gestation)***

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Obstetrical Ultrasound Medical Necessity Criteria

OBUS-3~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS: SECOND TRIMESTER (≥ 14 to < 28 weeks gestation)

- **OBUS 3.1 Uncertain Dates**
 - If an ultrasound has already been performed in the first trimester, then “uncertain dates” is not an indication for an ultrasound in the second trimester—there needs to be a more specific medical indication
 - The **low risk pregnancy** that has no other indications for ultrasound should have the ultrasound performed between 18-20 weeks [See OBUS 3.8 Fetal Anomaly Screen \(fourth open bullet point\)](#). The timing can be determined by fundal height.*
 - * ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - ACOG Committee Opinion, Number 297, *Nonmedical Use of Obstetric Ultrasound*. August 2004
 - ACR Practice Guideline for the Performance of Obstetrical Ultrasound, Effective 10/1/07
 - AIUM Practice Guideline for the Performance of Obstetric Ultrasound Examinations, 2007
 - **Maternal risk factors present**
 - If there are maternal risk factors present [See OBUS 2.3 High Risk Pregnancy](#) under **FIRST TRIMESTER**) such that knowing the EDC is critical to managing the pregnancy, one ultrasound can be performed to confirm dates (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - Follow-up ultrasound should not be performed for “Uncertain Dates.” Repeat imaging should only be performed for specific indications such as known or suspected intrauterine growth restriction (IUGR), known or suspected oligohydramnios or polyhydramnios, etc.
- **OBUS 3.2 Unequal Fundal Size and Dates**
 - Defined as either more than or less than a 3 week difference in fundal height and estimated date of confinement (EDC)
 - One ultrasound evaluation is appropriate to confirm suspected twins or multiple pregnancy (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - If intrauterine growth restriction (IUGR), oligohydramnios, polyhydramnios, and/or multiple pregnancy are confirmed, follow the corresponding guidelines for each.
- **OBUS 3.3 Polyhydramnios/Oligohydramnios**
 - **Definitions:**
 - **Polyhydramnios:** excessive amniotic fluid for gestational age
 - Definitions include:
 - ❖ Amniotic fluid index (AFI) greater than 18 at less than 30 weeks gestation¹, or

- ❖ Amniotic fluid volumes greater than 1,700-1,900 ml during the last two months of pregnancy or amniotic fluid index (AFI) greater than 24cm²
 - **Oligohydramnios:** diminished amniotic fluid volume for gestational age
 - Definitions include:
 - ❖ Amniotic fluid index (AFI) less than 10 at less than 30 weeks gestation³, or
 - ❖ Amniotic fluid volume less than 500 ml at 32-36 weeks gestation, or maximum deepest pocket of less than 2 cm, or amniotic fluid index (AFI) of less than 5 cm or less than the fifth percentile for gestational age⁴
 - **Suspected polyhydramnios or oligohydramnios:** One ultrasound is appropriate (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound).
 - **Confirmed diagnosis of polyhydramnios or oligohydramnios:** Follow-up with serial ultrasounds or BPP (CPT 76815, 76816, 76817, 76818, or 76819), but no more than twice weekly.
 - If clinical information suggests the need for immediate planning for delivery (unlikely in the second trimester), then umbilical artery Doppler (CPT 76820) can be performed up to twice weekly
 - **References:**
 - ^{1,3} *Am J Obstet Gynecol* 1990;162:1168-1173
 - ^{2,4} *ACOG Practice Bulletin No.101: Ultrasonography in pregnancy. February 2009*
 - ⁴ *American Pregnancy Association. Low amniotic fluid levels: Oligohydramnios. January 2007.*
<http://www.americanpregnancy.org/pregnancycomplications/lowamnioticfluidoligohydramnios.htm>. Accessed September 25, 2009
- **OBUS 3.4 Bleeding and/or Pain**
 - **Hydatidiform mole**
 - Ultrasound can be performed for diagnosis of hydatidiform mole (CPT 76815, 76816, or 76817)
 - Following treatment with D & C and/or methotrexate, serial serum hCG values are measured until they become negative.
 - Ultrasound may be necessary for follow-up (CPT 76815, 76816, or 76817) if hCG titers are not decreasing as expected, are increasing following treatment, or if there is onset of pain despite falling hCG titers.
 - **Abruption placentae**
 - Ultrasound is appropriate for **suspected** abruption placentae (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - Ultrasound is appropriate to follow-up a **known** abruption (CPT 76815, 76816, or 76817).

- The number and frequency of follow-up ultrasounds will depend on the degree of abruption and the presence or absence of ongoing signs and symptoms
 - **Follow-up of subchorionic hematoma or placental hematoma**
 - Ultrasound can be performed for follow-up of a known subchorionic hematoma or placental hematoma (CPT 76815, 76816 or 76817) if the last ultrasound was performed greater than seven days ago.
 - Ultrasound imaging may be repeated earlier than seven days if there are new or worsening symptoms such as an increasing amount of vaginal bleeding or increasing cramping or pain.
 - **Placenta previa**
 - **Suspected Placenta previa**
 - One ultrasound can be performed (report CPT 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Known Placenta previa**
 - No follow-up ultrasound is generally needed for Placenta previa unless bleeding continues or returns, or there are plans for imminent delivery of the baby
- **OBUS 3.5 Fetal Distress/Decreased Fetal Movement**
 - Initial evaluation is by fetal nonstress test (NST) or contraction stress test (CST) and amniotic fluid index (AFI).
 - Ultrasound is appropriate if NST is nonreactive or CST is positive or equivocal
 - If less than 22 weeks gestation report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy [plus 76810 if more than one fetus], 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound
 - If greater than or equal to 22 weeks gestation report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy [plus 76810 if more than one fetus], 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound, or 76818 or 76819 for biophysical profile
 - No imaging is necessary if NST is reactive or CST is negative.
 - Ultrasound is appropriate to confirm suspected fetal death
 - If less than 22 weeks gestation report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy [plus 76810 if more than one fetus], 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound
 - If greater than or equal to 22 weeks gestation report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy [plus 76810 if more than one fetus], 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound, or 76818 or 76819 for biophysical profile

- There is no indication for adding uterine artery duplex scan (CPT 93975 or 93976) in a low risk clinical setting (low risk setting includes no history of systemic disease, hypertension, or advanced maternal age, etc.)
- **OBUS 3.6 Multiple Pregnancy**
 - Ultrasound is appropriate to confirm **suspected** multiple pregnancy (report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - Ultrasound is appropriate in **known** multiple pregnancy. (CPT 76815, 76816, or 76817).
 - **Monochorionic Twins – Evaluation of fetal growth**
 - No imaging for fetal growth evaluation is necessary prior to 18 weeks gestation.
 - After 18 weeks gestation, ultrasound can be performed every two weeks until IUGR is detected or evidence of Twin to Twin Transfusion syndrome is diagnosed.
 - Once IUGR is detected, weekly evaluation (CPT 76815, 76816, 76818 or 76819) and/or umbilical artery Doppler (CPT 76820) can be performed.
 - If Twin to Twin Transfusion syndrome is suspected due to one twin failing to grow compared with the other twin, daily evaluation (CPT 76815, 76816, 76818 or 76819) and/or umbilical artery Doppler (CPT 76820) can be performed to aid in planning imminent delivery.
 - **Dichorionic Twins**
 - Without evidence of fetal size discrepancy, the use of routine ultrasound prior to 37 weeks gestation has not been shown to be of value
 - If greater than or equal to 37 weeks gestation, then weekly or twice weekly evaluation (CPT 76815, 76816, 76818 or 76819) either with or without umbilical artery Doppler (CPT 76820) can be performed until delivery
 - **Triples or higher Multiple Pregnancy**
 - One ultrasound can be performed to evaluate the maternal cervix (CPT 76817 for a transvaginal ultrasound. Can also perform CPT 76805 and 76810 if a complete ultrasound has not yet been performed or 76815 or 76816 if a complete ultrasound was done previously)
- **OBUS 3.7 Fetal Growth Problems**
 - **Intrauterine Growth Restriction (IUGR)**
 - **ACOG definition:** estimated or actual weight of the fetus below 10th percentile for gestational age
 - **Suspected IUGR:**
 - One ultrasound can be performed if there is more than a 3 week difference in fundal height and EDC (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus], if a complete

- ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - In order evaluate fetal growth to confirm the diagnosis of IUGR following the initial ultrasound, one follow-up ultrasound (CPT 76816) can be performed 2 weeks following the initial ultrasound
 - Umbilical artery Doppler (CPT 76820) is not indicated until there is a confirmed diagnosis of IUGR
 - **Known IUGR:** Monitoring can include weekly fetal assessment with CST, NST, BPP (CPT 76818 or 76819), or umbilical artery Doppler (CPT 76820).
 - Umbilical artery Doppler (CPT 76820) can be performed up to twice weekly if needed to plan for immediate delivery
 - **References:**
 - *Obstetrics and Gynecology* 2008;112:145-157
 - ACOG Practice Bulletin No.12: *Intrauterine Growth Restriction*. Reaffirmed 2008
 - **Macrosomia**
 - **ACOG definition:** estimated fetal weight of greater than 4000 grams or 4500 grams
 - **Suspected Macrosomia:**
 - In a low risk pregnancy, ultrasound is generally not indicated to estimate fetal weight before 30 weeks gestation.
 - At 30 weeks gestation or greater, one ultrasound can be performed to evaluate for macrosomia if clinically indicated (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Known Macrosomia:**
 - Repeat imaging is generally not necessary unless needed to plan for delivery (unlikely in the second trimester)
 - **Reference:**
 - ACOG Practice Bulletin No. 22: *Fetal Macrosomia*. 2000.
- **OBUS 3.8 Fetal Anomaly Screen (also called Fetal Anatomy Survey or Fetal Anatomy Screen)**
 - **Definition:** ultrasound evaluation of the fetal anatomy to detect major structural anomalies. Also evaluates the placenta and umbilical vessels.
 - Usually performed at 18-20 weeks gestation*
 - *ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - Report CPT 76811 [plus 76812 if more than one fetus]
 - State-specific coverage policies and/or health plan-specific coverage policies take precedence over MedSolutions' guidelines ([See OBUS-6 Specific State and/or Health Plan Obstetrical Ultrasound Rules](#))
 - Only one medically indicated imaging study using CPT 76811 is allowed per pregnancy ([See OBUS 8.4 Required Elements for Detailed Fetal Anatomic Evaluation OB Ultrasound](#))

- Follow-up ultrasound can be performed if there are equivocal or abnormal findings on the 76811 study and should be coded as CPT 76816
- If there are no medical indications for fetal anatomic screening, one ultrasound (CPT 76805 [plus 76810 if more than one fetus] or 76816 if a complete ultrasound was done previously in the pregnancy) can be performed during 18-20 weeks gestation if no previous obstetric ultrasounds have been performed during this time period.
 - CPT 76811/76812 may **NOT** be used for this purpose
 - **Reference:**
 - ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009
- **Medical Indications for Fetal Anomaly Screen:**
 - Maternal age at delivery will be 35 years or older
 - Abnormal Nuchal Translucency
 - Greater than 2.0 mm at 11 weeks gestation
 - Greater than 2.8 mm at 14 weeks gestation
 - Abnormal alpha-fetoprotein (AFP)
 - Abnormal Triple or Quadruple screen
 - Triple screen is AFP, Estriol, and Human chorionic gonadotropin (hCG)
 - Quadruple screen is AFP, Estriol, hCG, and InhibinA
 - Prior abnormal ultrasound during this pregnancy
 - Multiple pregnancy (twins, triplets, etc.)
 - Conception by in vitro fertilization (IVF)
 - Drug/chemical exposure including substance abuse
 - Maternal disease:
 - Diabetes
 - Connective tissue disease
 - Renal disease
 - Hypertension
 - Pregnancy-induced hypertension (PIH)/Pre-eclampsia/Eclampsia
 - Isoimmunization
 - Sickle cell disease (SS) NOT sickle cell trait (AS, SC, etc.)
 - Congenital heart disease or family history of congenital heart disease
 - Phenylketonuria
 - Malnutrition
 - Exposure to any of the following:
 - ❖ Cytomegalovirus (CMV)
 - ❖ Rubella
 - ❖ HIV
 - ❖ Parvovirus
 - ❖ Toxoplasmosis
 - Maternal obstetrical history that includes any of the following:
 - Pregnancy that had a congenital anomaly
 - Macrosomia
 - Intrauterine growth restriction (IUGR)
 - Placental abnormalities

- Polyhydramnios
 - Oligohydramnios
 - **Amniocentesis** for anomaly is reported as CPT 59000 plus 76946.
 - No additional CPT codes for ultrasound should be used in conjunction with CPT 59000 and 76846 unless a second trimester ultrasound using CPT 76805/76810 has not previously been performed
- **OBUS 3.9 Abnormal Triple Screen**
 - Triple screen is alpha-fetoprotein (AFP), Estriol, and Human chorionic gonadotropin (hCG)
 - One ultrasound can be performed for an abnormal Triple screen (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76818 or 76819 if between 16-20 weeks gestation and biophysical profile has not been previously done)

- **OBUS 3.10 Genetic Ultrasound Screening**

- **Down Syndrome**

- The first trimester screen for Down syndrome uses a combination of the maternal age, the serum quadruple screen (AFP, Estriol, hCG, and Inhibin A), the serum marker PAPP-A, and the Fetal Nuchal Translucency scan (ultrasound measurement of the back of the neck of the fetus). When used correctly, this first trimester screen has a detection rate of approximately 95% with a false-positive rate of 5%.*

*Leshin L. *Prenatal Screening for Down Syndrome*. January 2007. <http://www.ds-health.com/prenatal.htm>. Accessed September 24, 2009.

- Ultrasound screening for Down syndrome with one ultrasound (report one of the following CPT codes: 76801 [plus 76802 if more than one fetus] if a complete ultrasound has not yet been performed, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound) can be performed when one or more of the following is present^{1,2}:

- Abnormal triple screen (see chart³)

Disorder	AFP	Estriol	hCG
Down Syndrome (Trisomy 21)	Low	Low	High
Trisomy 13	Normal	No data	Low
Trisomy 18	Low	Low	Low
Open Neural Tube Defects	High	Normal	Normal
IUGR, preterm birth, stillbirth	High	No data	No data
Multiple Gestation	High	High	High

- One or more of the following risk factors:
 - ❖ Maternal age 35 years or older and/or abnormal Triple Screen (AFP, Estriol, and hCG)
 - ❖ History of having a child with Down syndrome
 - ❖ Insulin-dependent diabetes mellitus
 - ❖ Exposure to harmful medications
 - ❖ History of viral infections during pregnancy
 - ❖ Exposure to radiation

- Abnormality seen on previous imaging that suggests presence of Down syndrome
 - Ultrasound is used to confirm the gestational age of the fetus, which is important since the accuracy of the components of the screening test for Down syndrome depends on knowing the gestational age precisely.
 - Ultrasound is also used to rule out fetal problems such as small bowel obstruction or cardiac abnormalities.
 - The value of ultrasound screening if maternal age is 35 or greater and the Triple Screen is normal has not been established^{2,4}
 - **References:**
 - ¹ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - ²*Obstetrics and Gynecology* 2008;112:145-157
 - ³*Obstetrics and Gynecology* June 1996;87(6):948-952
 - ⁴*Obstetrics and Gynecology* June 2002;99(6):993-995
- **OBUS 3.11 Premature Rupture of Membranes**
 - Daily NST or BPP (CPT 76818 or 76819) or ultrasound (CPT 76815 or 76816) can be performed until delivery
- **OBUS 3.12 History of Pregnancy Loss**
 - **History of habitual abortion:**
 - One ultrasound is appropriate (report one of the following CPT codes:76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Incompetent Cervix:**
 - Ultrasound is appropriate for known or suspected incompetent cervix in order to evaluate cervical length (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
- **OBUS 3.13 Stillbirth History**
 - Testing should begin either at 34 weeks gestation or one week before the previous pregnancy loss
 - Testing can include weekly CST or BPP (CPT 76818 or 76819)
 - Testing can also include weekly ultrasound (CPT 76815 or 76816) if there is a specific parameter (e.g. quantitative amniotic fluid measurements) being followed that is not included in the BPP
 - BPP evaluates fetal breathing movements, gross fetal body movements, fetal tone, qualitative amniotic fluid volume, and reactive fetal heart rate (non-stress testing portion)
- **OBUS 3.14 Pelvic Mass or Neoplasm**
 - Ultrasound is appropriate to evaluate a known or suspected pelvic mass or neoplasm (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)

- **OBUS 3.15 Rh Isoimmunization and Other Causes of Fetal Anemia**
 - **Fetal Middle Cerebral Artery Doppler (CPT 76821)**
 - Peak systolic velocity of the fetal middle cerebral artery can be used as a substitute for amniocentesis to evaluate a fetus at risk for anemia due to Rhesus isoimmunization/alloimmunization (process in which fetal Rh⁺ red blood cells enter the circulation of an Rh⁻ mother causing her to produce antibodies which can cross the placenta and destroy the red blood cells of the current Rh⁺ fetus as well as subsequent Rh⁺ fetuses)
 - The use of middle cerebral artery doppler for the diagnosis of fetal anemia due to other causes such as parvovirus, Kell-sensitized pregnancies, fetomaternal hemorrhage, non-immune hydrops, monochorionic twins after the death of the co-twin, and Twin to Twin Transfusion syndrome after laser therapy has yet to be determined*
**Obstetrics and Gynecology 2008;112:145-157*
- **OBUS 3.16 Locate an Intrauterine Device (IUD)**
 - One ultrasound can be performed to locate an intrauterine device (IUD) (report one of the following CPT codes: 76805 if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)

Obstetrical Ultrasound Medical Necessity Criteria

**OBUS-4~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS:
*THIRD TRIMESTER (>28 weeks gestation)***

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OBUS-4.2 Confirm Suspected Abnormal Fetal Position or Presentation	24
OBUS-4.3 Fetal Distress/Decreased Fetal Movement	24
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Obstetrical Ultrasound Medical Necessity Criteria

OBUS-4~GENERAL OBSTETRICAL ULTRASOUND INDICATIONS: THIRD TRIMESTER (>28 weeks gestation)

- **OBUS 4.1 Bleeding and/or Pain**
 - **Abruptio placentae**
 - Ultrasound is appropriate for **suspected** abruptio placentae (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - Ultrasound is appropriate to follow-up a **known** abruption (CPT 76815, 76816, or 76817)
 - **Follow-up of subchorionic hematoma or placental hematoma**
 - Ultrasound can be performed for follow-up of a known subchorionic hematoma or placental hematoma (CPT 76815, 76816 or 76817) if the last ultrasound was performed greater than seven days ago.
 - Ultrasound imaging may be repeated earlier than seven days if there are new or worsening symptoms such as an increasing amount of vaginal bleeding or increasing cramping or pain.
 - **Placenta previa**
 - **Suspected Placenta previa**
 - One ultrasound can be performed (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - **Known Placenta previa**
 - No follow-up ultrasound is generally needed for Placenta previa unless bleeding continues or returns, or there are plans for imminent delivery of the baby (report CPT 76815 or 76816)
- **OBUS 4.2 Confirm Suspected Abnormal Fetal Position or Presentation (transverse or breech presentation)**
 - Ultrasound to determine fetal position is not necessary prior to 35 weeks gestation unless delivery is imminent or version is being considered
 - If clinically indicated, one ultrasound can be performed at 35 weeks gestation or greater to determine fetal position (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed, or 76815 or 76816 if a complete ultrasound was done previously)
- **OBUS 4.3 Fetal Distress/Decreased Fetal Movement**
 - Initial evaluation is by fetal nonstress test (NST) or contraction stress test (CST) and amniotic fluid index (AFI).
 - Ultrasound is appropriate if NST is nonreactive or CST is positive or equivocal

- 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound).
- **Confirmed diagnosis of polyhydramnios or oligohydramnios:** Follow-up with serial ultrasounds or BPP (CPT 76815, 76816, 76817, 76818, or 76819), but no more than twice weekly.
 - If clinical information suggests the need for immediate planning for delivery (unlikely in the second trimester), then umbilical artery Doppler (CPT 76820) can be performed up to twice weekly
 - **References:**
 - ^{1,3} *Am J Obstet Gynecol* 1990;162:1168-1173
 - ^{2,4} ACOG Practice Bulletin No.101: *Ultrasonography in pregnancy*. February 2009
 - ⁴ American Pregnancy Association. *Low amniotic fluid levels: Oligohydramnios*. January 2007.
<http://www.americanpregnancy.org/pregnancycomplications/lowamnioticfluidoligohydramnios.htm>. Accessed September 25, 2009
 - **OBUS 4.6 Fetal Growth Problems**
 - **Intrauterine Growth Restriction (IUGR)**
 - **ACOG definition:** estimated or actual weight of the fetus below 10th percentile for gestational age
 - **Suspected IUGR:**
 - One ultrasound can be performed if there is more than a 3 week difference in fundal height and EDC (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus], if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)
 - In order evaluate fetal growth to confirm the diagnosis of IUGR following the initial ultrasound, one follow-up ultrasound (CPT 76816) can be performed 2 weeks following the initial ultrasound
 - Umbilical artery Doppler (CPT 76820) is not indicated until there is a confirmed diagnosis of IUGR
 - ❖ The use of umbilical artery Doppler to predict IUGR is considered investigational
 - **Known IUGR:** Monitoring can include weekly fetal assessment with CST, NST, BPP (CPT 76818 or 76819), or umbilical artery Doppler (CPT 76820).
 - Umbilical artery Doppler (CPT 76820) can be performed up to twice weekly if needed to plan for immediate delivery
 - **References:**
 - *Obstetrics and Gynecology* 2008;112:145-157
 - ACOG Practice Bulletin No.12: *Intrauterine Growth Restriction*. Reaffirmed 2008
 - **Macrosomia**
 - **ACOG definition:** estimated fetal weight of greater than 4000 grams or 4500 grams
 - **Suspected Macrosomia:**
 - In a low risk pregnancy, ultrasound is generally not indicated to estimate fetal weight before 30 weeks gestation.

- **OBUS 4.8 Rh Isoimmunization and Other Causes of Fetal Anemia**
 - **Fetal Middle Cerebral Artery Doppler (CPT 76821)**
 - Peak systolic velocity of the fetal middle cerebral artery can be used as a substitute for amniocentesis to evaluate a fetus at risk for anemia due to Rhesus isoimmunization/alloimmunization (process in which fetal Rh⁺ red blood cells enter the circulation of an Rh⁻ mother causing her to produce antibodies which can cross the placenta and destroy the red blood cells of the current Rh⁺ fetus as well as subsequent Rh⁺ fetuses)
 - The use of middle cerebral artery doppler for the diagnosis of fetal anemia due to other causes such as parvovirus, Kell-sensitized pregnancies, fetomaternal hemorrhage, non-immune hydrops, monochorionic twins after the death of the co-twin, and Twin to Twin Transfusion syndrome after laser therapy has yet to be determined*
 - **Obstetrics and Gynecology* 2008;112:145-157
- **OBUS 4.9 Stillbirth History**
 - Testing should begin either at 34 weeks gestation or one week before the previous pregnancy loss
 - Testing can include weekly CST or BPP (CPT 76818 or 76819)
 - Testing can also include weekly ultrasound (CPT 76815 or 76816) if there is a specific parameter (e.g. quantitative amniotic fluid measurements) being followed that is not included in the BPP
 - BPP evaluates fetal breathing movements, gross fetal body movements, fetal tone, qualitative amniotic fluid volume, and reactive fetal heart rate (non-stress testing portion)
- **OBUS 4.10 Incompetent Cervix:**
 - Ultrasound is appropriate for known or suspected incompetent cervix in order to evaluate cervical length (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, or 76815 or 76816 if a complete ultrasound was done previously)
- **OBUS 4.11 Fetal Anomaly**
 - Follow-up ultrasound (CPT 76816) can be performed if there were equivocal or abnormal findings on the Fetal Anomaly Screen performed during the second trimester
- **OBUS 4.12 Post Term Pregnancy**
 - ACOG recommends beginning antenatal testing twice weekly with BPP (CPT 76818 or 76819) and/or NST after 40 weeks gestation
 - In the post term pregnancy, uterine artery Doppler velocimetry (CPT 93976) has not been found to be useful
- **OBUS 4.13 Premature Rupture of Membranes**
 - Daily NST or BPP (CPT 76818 or 76819) or ultrasound (CPT 76815 or 76816) can be performed until delivery

- **OBUS 4.14 Pelvic Mass or Neoplasm**
 - Ultrasound is appropriate to evaluate a known or suspected pelvic mass or neoplasm (report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, or 76815 or 76816 if a complete ultrasound was done previously)

- **OBUS 4.15 Fetal Echocardiography**
 - [See OBUS-5.8 Fetal Echocardiography](#)

Obstetrical Ultrasound Medical Necessity Criteria

**OBUS-5~SPECIFIC OBSTETRICAL ULTRASOUND INDICATIONS
(alphabetical order)**

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**OBUS-5~SPECIFIC OBSTETRICAL ULTRASOUND INDICATIONS
(alphabetical order)**

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[See OBUS 4.2 Confirm Suspected Abnormal Fetal Position or Presentation](#)

OBUS 5.2 – ALPHA-FETOPROTEIN (AFP)

[See OBUS 2.12 Abnormal alpha-fetoprotein \(AFP\)](#)

OBUS 5.3 – AMNIOTIC FLUID ABNORMALITIES

- Polyhydramnios/Oligohydramnios
[See OBUS 3.3 SECOND TRIMESTER](#) [See also OBUS 4.5 THIRD TRIMESTER](#)
- Premature Rupture of Membranes
[See OBUS 3.11 SECOND TRIMESTER](#) [See also OBUS 4.13 THIRD TRIMESTER](#)

OBUS 5.4 – BLEEDING

- Abortion (miscarriage)
 - Threatened or Missed
 - Complete[See Spontaneous Abortion \(miscarriage\), under OBUS 2.5 Vaginal Bleeding](#)
- Abruptio placentae
[See Abruptio placentae, under OBUS 3.4 Bleeding and/or Pain SECOND TRIMESTER](#)
[See also Abruptio placentae, under OBUS 4.1 Bleeding and/or Pain THIRD TRIMESTER](#)
- Ectopic pregnancy
[See Suspected ectopic under OBUS 2.5 Vaginal Bleeding](#)
- Hydatidiform mole
[FIRST TRIMESTER-See Hydatidiform mole, under OBUS 2.5 Vaginal Bleeding](#)
[SECOND TRIMESTER-See Hydatidiform mole under OBUS 3.4 Bleeding and/or Pain](#)
- Placental hematoma
[FIRST TRIMESTER-See Follow-up of . . . placental hematoma, under OBUS 2.5 Vaginal Bleeding](#)
[SECOND TRIMESTER-See Follow-up of placental hematoma . . . under, OBUS 3.4 Bleeding and/or Pain](#)
- Placenta previa
[SECOND TRIMESTER-See Placenta previa under, OBUS 3.4 Bleeding and/or Pain](#)
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- **Subchorionic hematoma**
[FIRST TRIMESTER-See Follow-up of . . . subchorionic hematoma, under OBUS 2.5 Vaginal Bleeding](#)
[SECOND TRIMESTER-See Follow-up of subchorionic hematoma . . . under, OBUS 3.4 Bleeding and/or Pain](#)
- **Vaginal bleeding**
[FIRST TRIMESTER-See OBUS 2.5 Vaginal Bleeding](#)
[SECOND TRIMESTER-See OBUS 3.4 Bleeding and/or Pain](#)

OBUS 5.5 – CERVICAL LENGTH IN SECOND and THIRD TRIMESTER

[FIRST TRIMESTER-See also Incompetent Cervix, under OBUS 3.12 History of Pregnancy Loss](#)

[SECOND TRIMESTER-See also OBUS 4.10 Incompetent Cervix](#)

- Ultrasound is appropriate to evaluate cervical length if one or more of the following conditions apply:
 - History of one or more pregnancy losses in the second or early third trimester
 - History of preterm labor during the current pregnancy
 - Current pregnancy is a multiple pregnancy with at least 3 babies
- Report one of the following CPT codes: 76805 [plus 76810 if more than one fetus] if a complete ultrasound has not yet been performed during this pregnancy, 76815 or 76816 if a complete ultrasound was done previously, or 76817 for a transvaginal ultrasound)

OBUS 5.6 – DIABETES

- There is no consensus support in the literature for the routine use of antepartum fetal assessment in women with Gestational Diabetes Mellitus (GDM) that is controlled with diet alone.
- **Maternal Insulin Dependent Diabetes (IDDM)**
 - Includes women with:
 - Gestational Diabetes Mellitus (GDM) with poor metabolic control and not on insulin
 - GDM on insulin
 - GDM with risk factors such as hypertension or adverse obstetrical history
 - Pre-existing IDDM
 - NST, CST and/or BPP (CPT 76818 or 76819) can be performed together or separately up to twice weekly until delivery, usually beginning at 26-28 weeks gestation
- One ultrasound to estimate weight for planning delivery can be performed for all categories of GDM
- **Reference:**
 - [ACOG Practice Bulletin No.30: Gestational Diabetes. Reaffirmed 2008](#)

OBUS 5.7 – FETAL ANOMALY SCREEN (FETAL ANATOMY SURVEY, FETAL ANATOMY SCREEN)

[See OBUS 3.8 Fetal Anomaly Screen](#)

OBUS 5.8 – FETAL ECHOCARDIOGRAPHY

- **Indications for fetal echocardiography:**
 - Abnormal or incomplete fetal cardiac evaluation on anatomic scan (fetal anomaly screen, fetal anatomy survey, or fetal anatomy screen)
 - There must be documentation that the four chamber cardiac study was abnormal on the anatomic scan in order for fetal echocardiography to be indicated
 - Suspected or known fetal arrhythmia
 - To define the rhythm and its importance
 - To identify fetal structural cardiac disease and evaluate fetal cardiac function
 - As a screening study if there is a family history of a first degree relative with a history of congenital heart disease (CHD)
 - Suspected or known fetal chromosomal abnormalities
 - Non-immune fetal hydrops
 - Presence of maternal insulin dependent diabetes or lupus
 - Exposure of fetus to:
 - Lithium
 - Excessive alcohol
 - Anti-seizure medication
- Fetal echocardiography (CPT 76825 or 76826) and Doppler echocardiography (CPT 76827 or 76828) and Doppler color flow velocity mapping (CPT 93325) are appropriate:
 - when performed as a transvaginal study with high resolution transducer at 10-12 weeks, or
 - when performed as a transabdominal study at 16-18 weeks
ACC/AA/ASE Committee to Update the 1997 Guidelines for the Clinical Application of Echocardiography, 2003;42(5):954-970
 - CPT 76825 and 76827 are performed only once per fetus
 - Follow-up echocardiograms are coded as CPT 76826
 - Follow-up Doppler fetal echocardiograms are coded as CPT 76828

OBUS 5.9 – FETAL DISTRESS/DECREASED FETAL MOVEMENT

[SECOND TRIMESTER: See OBUS 3.5 Fetal Distress/Decreased Fetal Movement](#)

[THIRD TRIMESTER: See OBUS 4.3 Fetal Distress/Decreased Fetal Movement](#)

OBUS 5.10 – FETAL HEART TONES ABSENT

[See OBUS 2.10 Absent Fetal Heart Tones \(FHT\)](#)

OBUS 5.11 – FETAL NUCHAL TRANSLUCENCY SCAN

[See OBUS 2.13 Fetal Nuchal Translucency Scan](#)

OBUS 5.12 – GENETIC ULTRASOUND SCREENING

- Down Syndrome
[See OBUS 2.4 Genetic Ultrasound Screening](#)

OBUS 5.13 –HABITUAL ABORTION HISTORY

FIRST TRIMESTER: [See History of habitual abortion, under OBUS 2.9 History of Pregnancy Loss](#)

SECOND TRIMESTER: [See History of habitual abortion, under OBUS 3.12 History of Pregnancy Loss](#)

OBUS 5.14 – HIGH RISK PREGNANCY [See OBUS 2.3 High Risk Pregnancy](#)

OBUS 5.15 – HYPERTENSIVE DISORDERS

- Routine antepartum fetal assessment is not supported in chronic hypertension (mild to moderate) unless there is superimposed preeclampsia and/or intrauterine growth restriction (IUGR)
- In the setting of severe chronic maternal hypertension, chronic hypertension with preeclampsia, or preeclampsia alone, daily fetal movement and weekly NST or BPP (CPT 76818 or 76819) performed separately or together may be obtained.
- If there is confirmed intrauterine growth restriction (IUGR) and/or reduced amniotic fluid, BPP (CPT 76818 or 76819) can be performed twice weekly.
 - Umbilical artery Doppler (CPT 76820) can also be performed up to twice weekly.

OBUS 5.16 – INAPPROPRIATE USES OF OBSTETRICAL ULTRASOUND

- Obstetrical ultrasound is **not** appropriate for the following:
 - Without a clinical indication listed in OBUS-2, OBUS-3, OBUS-4, or OBUS-5
 - For sex determination only
 - To provide a keepsake or souvenir picture
 - Uterine artery Doppler screening (CPT 93975 or 93976)
 - To predict preeclampsia, IUGR, and stillbirth, uterine artery Doppler screening shows promise but there is currently insufficient evidence-based data regarding timing of the study, appropriate serum markers, and time interventions for delivery.

[Obstetrics and Gynecology 2008;112:145-157](#)

OBUS 5.17 – INFERTILITY HISTORY [See OBUS 2.8 History of Infertility](#)

OBUS 5.18 – INTRAUTERINE DEVICE (IUD)

FIRST TRIMESTER: [See OBUS 2.7 Locate an Intrauterine Device \(IUD\)](#)

SECOND TRIMESTER: [See OBUS 3.16 Locate an Intrauterine Device \(IUD\)](#)

OBUS 5.19 – INTRAUTERINE GROWTH RESTRICTION (IUGR)

[See OBUS 4.6 Fetal Growth Problems](#)

OBUS 5.20 – MACROSOMIA

[See Macrosomia under OBUS 4.6 Fetal Growth Problems](#)

OBUS 5.21 – MULTIPLE PREGNANCY

- Monochorionic Twins
- Dichorionic Twins
- Triplets

[SECOND TRIMESTER: See OBUS 3.6 Multiple Pregnancy](#)

[THIRD TRIMESTER: See OBUS 4.7 Multiple Pregnancy](#)

OBUS 5.22 – PELVIC MASS OR NEOPLASM

[FIRST TRIMESTER: See OBUS 2.11 Pelvic Mass or Neoplasm](#)

[SECOND TRIMESTER: See OBUS 3.14 Pelvic Mass or Neoplasm](#)

[THIRD TRIMESTER: See OBUS 4.14 Pelvic Mass or Neoplasm](#)

OBUS 5.23 – POST TERM PREGNANCY

[See OBUS 4.12 Post Term Pregnancy](#)

OBUS 5.24 – PREMATURE RUPTURE of MEMBRANES

[See SECOND TRIMESTER OBUS 3.11](#)

[See THIRD TRIMESTER OBUS 4.13](#)

OBUS 5.25–Rh ISOIMMUNIZATION and OTHER CAUSES OF FETAL ANEMIA

[See SECOND TRIMESTER OBUS 3.15](#)

[See THIRD TRIMESTER OBUS 4.8](#)

OBUS 5.26 – STILLBIRTH HISTORY

[See also: SECOND TRIMESTER OBUS 3.13](#)

[See also: THIRD TRIMESTER OBUS 4.9](#)

- Testing should begin either at 34 weeks gestation or one week before the previous pregnancy loss
 - Testing can include weekly CST or BPP (CPT 76818 or 76819)
 - Testing can also include weekly ultrasound (CPT 76815 or 76816) if there is a specific parameter (e.g. quantitative amniotic fluid measurements) being followed that is not included in the BPP
 - BPP evaluates fetal breathing movements, gross fetal body movements, fetal tone, qualitative amniotic fluid volume, and reactive fetal heart rate (non-stress testing portion)

OBUS 5.27 – TRIPLE SCREEN or QUADRUPLE SCREEN

[See OBUS 3.9 Abnormal Triple Screen](#)

OBUS 5.28 – UNCERTAIN DATES

[See FIRST TRIMESTER OBUS 2.1](#)

[See SECOND TRIMESTER OBUS 3.1](#)

OBUS 5.29 – UNEQUAL FUNDAL SIZE AND DATES

[FIRST TRIMESTER, See OBUS 2.2](#)

[SECOND TRIMESTER, See OBUS 3.2](#)

[THIRD TRIMESTER, See OBUS 4.4](#)

OBUS 5.30 – UTERINE ANOMALY or ABNORMALITY

[See OBUS 2.6 Uterine Anomaly](#)

**OBUS-6~SPECIFIC STATE and/or HEALTH PLAN OBSTETRICAL
ULTRASOUND RULES**

OBUS-6 GUIDELINE NUMBER and TITLE	PAGE
OBUS-6.1 FLORIDA MEDICAID	38
OBUS-6.2 NORTH CAROLINA MEDICAID	42

OBUS-6~SPECIFIC STATE and/or HEALTH PLAN OBSTETRICAL ULTRASOUND RULES

OBUS 6.1 – FLORIDA MEDICAID (Citrus Health Care)

- From the Florida Medicaid Physician Services Coverage and Limitations Handbook:
 - **Ultrasounds:**
 - One ultrasound (procedure code **76801 or 76805**) is reimbursable per pregnancy regardless of pregnancy risk factors.
 - Modifier 22 cannot be used with procedure code 76801 or 76805.
 - Follow-up ultrasounds (procedure code **76815 or 76816**) are reimbursable for recipients who have a diagnosis listed on the Diagnosis Code List for Additional Ultrasounds for Pregnant Women (**see Appendix C below**).
 - **A maximum of three follow-up ultrasounds may be reimbursed with a diagnosis code on Appendix C with no documentation of medical necessity.**
 - If the diagnosis code is not on the list, the provider may submit documentation and bill with a modifier 22. The claim will be reviewed for payment by a Medicaid medical consultant.
 - If more than three follow-up ultrasounds are required, the additional ultrasound(s) must be billed with a modifier 22. A report must be submitted with the claim that documents the medical necessity, its findings and a plan of care. Without all components of this documentation, claims will be denied.
 - For professional services rendered to a recipient in the inpatient or outpatient hospital or other facility, the provider may bill only a professional component fee. The maximum fee is intended to pay the physician for performing the complete procedure including both the technical and professional components and can be billed only when all parts of the procedure are provided in the physician's office or birthing center.
 - **Ultrasounds for Multiple Gestations:**
 - CPT codes **76816, 76818 and 76819** require the addition of modifier TH and diagnosis codes **651.03, 651.13, 651.23, 651.83, or 651.93** for multiple gestations up to four fetuses. **Medical documentation is not required with these diagnosis codes.**
 - If more than four fetuses, 76816, 76818 and 76819 require the addition of modifiers TH and 22. Supporting medical documentation must be attached to the claim documenting the number of fetuses.
 - CPT codes **76802, 76810 and 76812** may be billed without medical documentation when using diagnosis codes **651.03, 651.13, 651.23, 651.83, or 651.93** for multiple gestations up to four fetuses.
 - **These codes must be billed with their primary CPT codes 76801, 76805, or 76811, respectively.**

- **Fetal Velocimetry:**
 - Procedure code 76820 is reimbursable twice per pregnancy for the growth restricted fetus (MedSolutions interpretation: diagnosis codes 656.50, 656.53, 764.00—764.99)
 -
 - Procedure code 76821 is reimbursable twice per pregnancy to evaluate fetal anemia (MedSolutions interpretation: diagnosis codes 656.00, 656.03, 656.10, 656.13, 656.20, 656.23)
- **Fetal Echocardiography:**
 - Procedure codes 76825 and 76827 are reimbursable once per pregnancy for a fetus with a high-risk diagnosis code.
 - Follow-up or repeat fetal echocardiograms are billed using procedure code 76826 or 76828 with a confirmed high-risk diagnosis code (MedSolutions interpretation: high-risk diagnosis code is a diagnosis listed on the Diagnosis Code List for Additional Ultrasounds for Pregnant Women (see Appendix C below)
 - These procedure codes are limited to two per pregnancy.
- **Ultrasound Service Limitations:**
 - CPT code 76811 includes a detailed fetal anatomic examination. This code is limited to physician provider specialties 47 (radiology) and 65 (maternal/fetal).
 - CPT code 76811 is limited to one procedure per pregnancy.
- **Ultrasound Codes:**
 - Only one of the following ultrasound procedure codes is reimbursed on the same date of service for the same recipient: 76801, 76805, 76811, 76815, 76816, 76818, or 76819
- **Transvaginal Ultrasound:**
 - A transvaginal ultrasound is billable in addition to other obstetrical ultrasounds if medical necessity for this additional ultrasound is documented on the ultrasound report as a separate identifiable procedures with findings that is submitted with the claim.
 - This ultrasound is limited to three per pregnancy with the following diagnosis codes: 632, 634.91, 640.03, 641.03, 641.13, 654.53, 654.63
 - If more than three transvaginal ultrasounds are required, the additional ultrasound(s) must be billed with a modifier 22. A report must be submitted with the claim that documents the medical necessity for the additional transvaginal ultrasound(s) and the result of the study.
 - If the diagnosis code is not included in the above list, the code must be billed with a modifier 22 and a report submitted that includes the medical necessity and the result of the study.
 - Transvaginal ultrasounds are not reimbursable as a predictor of preterm labor.
- **Fetal Biophysical Profile:**
 - A fetal biophysical profile (procedure code 76818 or 76819) and a non-stress test (procedure code 59025) are not reimbursable for the same recipient, same provider, on the same date of service.
 - Biophysical profiles are limited to two per pregnancy.

- If more than two biophysical profiles are required, the additional biophysical profiles must be billed with a modifier 22. A report must be submitted with the claim that documents the medical necessity for the biophysical profile and the result of each component. Without all of these components and proper documentation, the claim will be denied.
- **Note: See Ultrasounds for Multiple Gestations under this topic for appropriate billing of biophysical profiles for multiple gestations.**

- **APPENDIX C**
- DIAGNOSIS CODE LIST FOR ADDITIONAL ULTRASOUNDS FOR PREGNANT WOMEN**
 - Baby with Known or Suspected Genetic Disorder **655.23**
 - Systemic Malignancy **199.0, 199.1**
 - Age 35 years and above **659.53, 659.63**
 - Diabetes Mellitus, Including Gestational Diabetes **648.03, 648.83**
 - Hyperthyroidism **648.13**
 - Asthma Requiring Medication **493.00-- 493.91**
 - HIV Positive **V08**
 - Acquired Immune Deficiency Syndrome **042**
 - Seizure Disorders **345.00--345.91**
 - Hemoglobinopathies, Including Sickle Cell **282.0--282.9**
 - Severe Anemia (less than 8 grams Hgb. or 24% Hct.) **648.23**
 - Cardiac Disease **648.53, 648.63**
 - Thromboembolic Disease **671.23, 671.33, 671.53**
 - Pre-Eclampsia or Eclampsia **642.43, 642.53, 642.63, 642.73**
 - Hypertension **642.03, 642.13, 642.23, 642.33**
 - Alcohol or Drug Dependence **655.43, 648.33**
 - Isoimmunization **656.23, 656.13**
 - Suspected Abnormality of the Fetus **655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93**
 - Abruptio Placenta **641.23**
 - Premature Rupture of Membranes and/or Premature Labor with Estimated Fetal Weight of 2000 grams or less **658.13, 644.03**
 - Multiple Gestation **651.03, 651.13, 651.23, 651.83, 651.93**
 - Poor Fetal Growth **656.53**
 - Grand Multiparity **659.43**
 - Tuberculosis **647.33**
 - Chronic Liver Disease **646.73**
 - Chronic Kidney Disease **646.23**
 - Syphilis, Untreated **647.03**
 - Placenta Previa **641.03**
 - Excessive Fetal Growth **656.63, 653.53**
 - Oligohydramnios **658.03**
 - Abdominal Pain **789.01--789.09**
 - Threatened Abortion **640.03**
 - Missed Abortion **632**
 - Fetal Demise **656.43**
 - Polyhydramnios **657.03**
 - Postmaturity **645.13, 645.23**
 - Breech presentation without mention of version **652.23**
 - Antepartum Hemorrhage **641.93**

OBUS 6.2 – NORTH CAROLINA MEDICAID

- **From the Division of Medical Assistance Clinical Coverage Policy No.: 1E-4 Fetal Surveillance (Original Effective Date: December 1, 1982; Revised Date: April 1, 2007):**
 - **Ultrasound**
 - Medicaid covers up to three ultrasounds in 40 weeks before a high-risk diagnosis must be on the claim. Beginning with the fourth ultrasound, must be satisfied by a diagnosis that supports a high-risk pregnancy.
 - **Fetal Non Stress Testing**
 - Medicaid covers up to three fetal non-stress tests in a 280-day period or 40 weeks before a high-risk diagnosis must be on the claim. All non-stress tests must be medically necessary. Claim diagnoses will be reviewed for high-risk pregnancy.
 - **Fetal Biophysical Profiles**
 - Medicaid allows fetal BPPs to be performed on each fetus. The diagnosis must support the number of units billed. Example: Two units can be billed when a BPP is performed on twins.
 - **Fetal Echocardiography**
 - Fetal echocardiography is allowed twice in a 280-day period. Claims submitted for testing that exceeds this limit will be reviewed for medical necessity.
 - **Coding Rules:;**
 - One combination of primary and add-on ultrasound codes is allowed per day. Claims denied for additional ultrasounds may be resubmitted as an adjustment with documentation to support the medical necessity of a repeat ultrasound on the same date of service.
 - 76815 is defined to include “one or more fetuses” and can only be reimbursed for one unit of service.
 - When billing 76816 for multiple fetuses, bill 76816 on one detail without a modifier and with one unit for the first fetus. Additional fetuses must be billed on the next detail line using 76816 with modifier 59; the units should equal the number of additional fetuses. This code must also be billed with the appropriate diagnosis code from the 651 series of diagnosis codes as outlined above.
 - In addition to the transabdominal ultrasounds, one unit of 76817 is covered on the same date of service if medically necessary. No modifier is needed. Medical necessity must be documented in the recipient’s medical record.
 - Fetal biophysical profiles (76818 and 76819) are covered for additional fetuses. The profile for the first fetus must be billed on one detail, no modifier, and one unit of service. Profiles for additional fetuses must be billed on the next detail, using modifier 59, with the number of units equaling the number of additional fetuses. The appropriate diagnosis code from the 651 series should be billed as outlined above.
 - Because pregnancies with multiple fetuses are high-risk pregnancies, there is no limit to the number of ultrasounds performed during the pregnancy

when billed according to these instructions. However, excessive billing of ultrasounds during a pregnancy is subject to post-payment review for medical necessity, which must be documented in the medical record.

DIAGNOSIS CODING

OBUS-7~DIAGNOSIS CODING, OBSTETRICAL RELATED

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DIAGNOSIS CODING

OBUS-7~DIAGNOSIS CODING, OBSTETRICAL RELATED

OBUS 7.1 – DIAGNOSIS CODES SUPPORTING DETAILED FETAL ULTRASOUND

218.0-218.9	Uterine leiomyoma
219.0-219.9	Other benign neoplasm of uterus
236.0-236.2	Neoplasm of uncertain behavior
621.0-621.9	Disorders of uterus
622.5	Incompetence of cervix
630-631	Hydatidiform mole
632	Missed abortion
633.00-633.91	Ectopic pregnancy
634.00-634.92	Spontaneous abortion
635.00-635.92	Legally induced abortion
637.00-637.92	Unspecified abortion
638.0-638.9	Failed attempted abortion
640.00, 640.03	Threatened abortion
640.80, 640.83	Other specified hemorrhage in early pregnancy
640.90, 640.93	Unspecified hemorrhage in early pregnancy
641.00, 641.03	Placenta previa without hemorrhage
641.10, 641.13	Hemorrhage from placenta previa
641.20, 641.23	Premature separation of placenta
641.30, 641.33	Antepartum hemorrhage associated with coagulation defects
641.80, 641.83	Other antepartum hemorrhage
641.90, 641.93	Unspecified antepartum hemorrhage
642.00-642.93	Hypertension complicating pregnancy, childbirth, and the puerperium
643.00-643.93	Excessive vomiting in pregnancy
644.00-644.20	Early or threatened labor
645.10-645.23	Late pregnancy
646.00-646.93	Other complications of pregnancy
648.00-648.93	Other current conditions in the mother, complicating pregnancy
651.03-651.93	Multiple gestation
652.03-652.93	Malposition and malpresentation of fetus
653.00-653.93	Disproportion
654.00, 654.03	Congenital abnormalities of uterus
654.10, 654.13	Tumors of body of uterus
654.30, 654.33	Retroverted and incarcerated gravid uterus
654.40, 654.43	Other abnormalities in shape or position of gravid uterus and neighboring structures
654.50, 654.53	Cervical incompetence
654.60, 654.63	Other congenital or acquired abnormality of cervix
654.70, 654.73	Congenital or acquired abnormality of vagina
654.80, 654.83	Congenital or acquired abnormality of vulva

[CONTINUED ON NEXT PAGE](#)

OBUS 7.1–DIAGNOSIS CODES SUPPORTING DETAILED FETAL ULTRASOUND*Continued From Previous Page*

655.00-655.93	Known or suspected fetal abnormality affecting management of the mother
656.00, 656.03	Fetal-maternal hemorrhage
656.10, 656.13	Rhesus isoimmunization
656.20, 656.23	Isoimmunization from other and unspecified blood-group incompatibility
656.30, 656.33	Fetal distress
656.40, 656.43	Intrauterine death
656.50, 656.53	Poor fetal growth
656.60, 656.63	Excessive fetal growth
656.70, 656.73	Other placental conditions
656.80, 656.83	Other specified fetal and placental problem
656.90, 656.93	Unspecified fetal and placental problem
657.00, 657.03	Polyhydramnios
658.00, 658.03	Oligohydramnios
658.10, 658.13	Premature rupture of membranes
658.40, 658.43	Infection of amniotic cavity
752.0-752.49	Congenital anomalies of female genital organs
760.0-760.9	Fetus or newborn affected by maternal conditions
761.0-761.9	Fetus or newborn affected by maternal complications of pregnancy
762.0-762.9	Fetus or newborn affected by complications of placenta, cord and membranes
763.0-763.9	Fetus or newborn affected by other complications of labor and delivery
764.00-764.99	Slow fetal growth and fetal malnutrition
765.00-765.29	Disorders relating to short gestation and low birth weight
766.0-766.22	Disorders relating to long gestation and high birth weight
768.0	Fetal death from asphyxia or anoxia before onset of labor or at unspecified time

OBUS 7.2 – DIAGNOSIS CODES SUPPORTING ROUTINE FETAL ULTRASOUND

V19.5	Family history of congenital anomalies
V23.0-V23.9	Supervision of high-risk pregnancy
V25.42	Intrauterine contraceptive device
V26.3	Genetic counseling and testing
V28.0-V28.9	Antenatal screening for abnormalities
640.00-676.94	Complications of pregnancy and childbirth
V22.0-V22.2	Supervision of normal pregnancy

PROCEDURE CODING

OBUS-8~CODING BASICS FOR ESTABLISHED PREGNANCY

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OBUS-8.2 REQUIRED ELEMENTS FOR FIRST TRIMESTER OB ULTRASOUND	49
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OBUS-8.5 FETAL NUCHAL TRANSLUCENCY	50
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OBUS-8.13 CODES FOR SELECTED OBSTETRICAL PROCEDURES	53

PROCEDURE CODING

OBUS-8~CODING BASICS FOR ESTABLISHED PREGNANCY

- **A Duplex scan describes:**
 1. An ultrasonic scanning procedure for characterizing the pattern and direction of blood flow in arteries and veins with the production of real time images integrating B-mode two dimensional vascular structure, and
 2. Doppler spectral analysis, and
 3. color flow Doppler imaging
 - The use of a hand-held or any Doppler device that does not create a hard-copy output is considered part of the physical examination and is not separately billable.
 - This exclusion includes devices that produce a record that does not permit analysis of bi-directional vascular flow.
 - The minimal use of color Doppler alone, when performed for anatomical structure identification, during a standard ultrasound procedure, is not separately reimbursable
- **All obstetric ultrasound studies require permanently recorded images:**
 - These images may be stored on film or in a Picture Archiving and Communication System (PACS).
 - Obstetric ultrasound services may not be billed without image recording.
 - The use of a hand-held or any Doppler device that does not create a hard-copy output is considered part of the physical examination and is not separately reimbursable.
- **Ultrasound procedure codes include the preparation of a required final written report which should be included in the patient's medical record.**
 - Each procedure code has specific required elements. (See OBUS-5 CODING BASICS FOR ESTABLISHED PREGNANCY for descriptions of required elements for each obstetric ultrasound study.)
 - The report should document the results of the evaluation of each element or the reason any element is non-visualized.
 - Documentation of less than the required elements requires the billing of the "limited" code for that anatomic region.
 - Only one (1) limited exam may be billed per encounter.
- **OBUS 8.1 – OB ULTRASOUND CODE SELECTION**
 - It is not appropriate to report nonobstetrical pelvic ultrasound procedure codes 76830/76856/76857 if pregnancy is suspected or diagnosed.
 - The CPT code series 76801-76815 contains what are considered the "normal OB codes".
 - **The OB ultrasound CPT codes should be selected based on the following:**
 - **The length of gestation:**
 - Codes 76801 and 76802 are reported for complete studies performed during the first trimester (<14 weeks).
 - ❖ **Codes 76801 and 76802 should only be used once per pregnancy unless the mother changes to a new medical**

caregiver at a new office and there is a medical indication for ultrasound.

- Codes 76805 and 76810 are used to report complete studies performed during the second and third trimester.

❖ **Codes 76805 and 76810 should only be used once per pregnancy unless the mother changes to a new medical caregiver at a new office and there is a medical indication for ultrasound.**

➤ **The number of fetuses:**

- Codes 76802, 76810, 76812, and 76814 are “add-on” codes used to report each additional fetus.

➤ **The imaging approach:**

- Code 76817 is used to report a transvaginal ultrasound. The other OB ultrasound codes are used for transabdominal studies.

➤ **Whether the study is Complete or Limited:**

- Codes 76815 and 76816 are used to report limited or follow-up studies.

➤ **Whether a detailed fetal anatomic evaluation is performed:**

- Codes 76811 and 76812 describe an extensive fetal ultrasound evaluation and detailed anatomic survey and are used only when the study includes this service.
- Code 76812 is an add-on for each additional fetus.
- Any follow-up ultrasound for procedure 76811 should be coded as CPT 76816

• **OBUS 8.2 – REQUIRED ELEMENTS FOR FIRST TRIMESTER OB ULTRASOUND**

- A complete first trimester transabdominal ultrasound (CPT 76801 and 76802) is defined in CPT® as including the following elements:
 - Determination of the number of gestational sacs and fetuses
 - Gestational sac/fetal measurements appropriate for gestation (<14 weeks)
 - Survey of visible fetal and placental anatomic structure
 - Qualitative assessment of amniotic fluid volume/gestational sac shape
 - Examination of maternal uterus and adnexa
- It may not be possible to visualize the placenta during the early weeks of pregnancy. CPT 76801 and/or 76802 may still be appropriately billed if the report documentation indicates placental anatomic structure could not be evaluated due to gestational age.
- Code 76802 is an ‘add-on’ code used with the ‘primary procedure’ 76801 to report each additional gestation.
- **Codes 76801 and 76802 should only be used once per pregnancy unless the mother changes to a new medical caregiver at a new office and there is a medical indication for ultrasound.**

• **OBUS 8.3 – REQUIRED ELEMENTS FOR SECOND or THIRD TRIMESTER OB ULTRASOUND**

- A complete second or third trimester transabdominal ultrasound (CPT 76805 and 76810) is defined in CPT® as including the following elements:
 - Determination of the number of fetuses and amniotic/chorionic sacs
 - Measurements appropriate for gestation (\geq 14 weeks)

- Survey of intracranial/spinal/abdominal anatomy
 - Four-chambered heart
 - Umbilical cord insertion site
 - Placenta location
 - Amniotic fluid assessment
 - Examination of maternal adnexa, when visible
 - Code 76810 is an 'add-on' code used with the 'primary procedure' 76805 to report each additional gestation.
 - **Codes 76805 and 76810 should only be used once per pregnancy unless the mother changes to a new medical caregiver at a new office and there is a medical indication for ultrasound.**
- **OBUS 8.4 – REQUIRED ELEMENTS FOR DETAILED FETAL ANATOMIC EVALUATION OB ULTRASOUND**
 - Codes 76811 and 76812 are defined in CPT[®] as including all of the requirements listed for codes 76805 and 76810. In addition, the report must document detailed anatomic evaluation of the following elements:
 - Fetal brain/ventricles
 - Face
 - Heart/outflow tracts and chest anatomy
 - Abdominal organ-specific anatomy
 - Number/length/architecture of limbs
 - Detailed evaluation of the umbilical cord and placenta
 - Other fetal anatomy as clinically indicated
 - Code 76812 is an 'add-on' code used with the 'primary procedure' 76811 to report each additional gestation.
 - These studies are usually performed at 18 – 20 weeks and are most often completed at tertiary referral centers with perinatology departments.
 - Only one medically indicated procedure 76811 per pregnancy, per practice (per NPI) is appropriate.*
 - *Society of Maternal Fetal Medicine. *White Paper on Ultrasound Code 76811*. May 24, 2004.[http://www.askleslie.net/rads/White Paper on Ultrasound Code 76811.pdf](http://www.askleslie.net/rads/White_Paper_on_Ultrasound_Code_76811.pdf). Accessed September 22, 2009
- **OBUS 8.5 – FETAL NUCHAL TRANSLUCENCY**
 - Codes 76813/76814 describe ultrasound measurement of the clear (translucent) space at the back of the fetal neck to assess risk for Down Syndrome (Trisomy 21), Trisomy 18, and other genetic disorders.
 - Performed only once during a pregnancy during 11 – 14 weeks gestation
 - The imaging laboratory must be NT Certified by the Fetal Medicine Foundation.
 - Code 76814 is an add-on for each additional fetus.
 - Can be billed with 76801 if a complete evaluation of fetal and maternal structure has not already been completed and is performed in addition to a nuchal translucency study.

- **OBUS 8.6 – LIMITED and FOLLOWUP STUDIES**

- Code **76815** describes a **limited** or “quick look” study used to report one or more of the elements listed in the code definition, i.e. “fetal heart beat”.
 - Reported only once, regardless of the number of fetuses, and only once per date of service
 - Code 76815 should never be reported with complete studies 76801/76802 and 76805/76810.
- Code **76816** describes a **follow-up** study designed to reassess fetal size or re-evaluate one or more abnormalities previously revealed on ultrasound.
 - Code 76816 should be reported once per fetus evaluated in follow-up.
 - Modifier -59 is appropriately used on subsequent codes. For example, a follow-up of a twin pregnancy is reported: 76816 and 76816-59.
 - Code 76816 should never be reported with complete studies 76801/76802 and 76805/76810.

- **OBUS 8.7 – OBSTETRIC TRANSVAGINAL ULTRASOUND**

- Code **76817** is used to report an obstetrical transvaginal ultrasound.
- Code 76817 is reported only once regardless of the number of fetuses.
- **Although an obstetrical transvaginal ultrasound and transabdominal ultrasound can be performed at the same sitting and reported as two codes, there is rarely a medical indication to perform both studies at once.**

- **OBUS 8.8 – BIOPHYSICAL PROFILE (BPP)**

- The BPP combines data from ultrasound imaging and fetal heart rate (FHR) monitoring and is designed to predict the presence or absence of fetal asphyxia and, ultimately the risk of fetal death in the antenatal period (**appropriately performed >22 weeks**).
 - The following parameters are evaluated:
 - Fetal breathing movements
 - Gross fetal body movements
 - Fetal tone
 - Qualitative amniotic fluid volume (AVF)
 - Reactive FHR (non-stress testing portion)
- Code **76818** includes non-stress testing.
- Code **76819** does not include the non-stress testing portion.
- **NOTE:** If non-stress testing is performed without BPP, the appropriate code to use is 59025 (Fetal non-stress test).
 - Code 59025 should not be reported with codes 76818 or 76819.
- **Although obstetrical ultrasound (CPT codes 76805/76810/76815/76816/76820) and BPP (CPT codes 76818 and 76819) can be performed at the same sitting and reported as two codes, it is generally not necessary to perform both studies at once.**
 - There are certain clinical circumstances in which it would be medically indicated to perform both studies at once.
 - Each study must have a separate images, interpretations and reports

- BPP and/or non-stress testing, performed on more than one fetus, should be reported separately.
 - The use of modifier -59 on the second and subsequent studies is appropriate, depending on payer policy.
- **OBUS 8.9 – FETAL DOPPLER**
 - Code **76820** describes Doppler velocimetry of the umbilical artery. .
 - Performed >22 weeks gestation
 - Its use to predict IUGR, preeclampsia, and stillbirth is considered investigational.
 - Code **76821** describes Doppler velocimetry of the middle cerebral artery.
 - Performed as a substitute for amniocentesis to evaluate a fetus at risk for anemia due to Rhesus isoimmunization/alloimmunization
 - Its use in the diagnosis of fetal anemia due to other causes such as parvovirus, Kell-sensitized pregnancies, feto-maternal hemorrhage, non-immune hydrops, monochorionic twins after the death of the co-twin and Twin to Twin Transfusion syndrome after laser therapy has yet to be determined.*
 - *Obstetrics and Gynecology 2008;112:145-157
- **OBUS 8.10 – DUPLEX SCAN (UTERINE ARTERY)**
 - Code **93975** describes a complete duplex scan and should be reported if an organ is evaluated in its entirety.
 - A complete study involves the evaluation of the inflow and outflow vessels of one or more organs.
 - Code **93976** describes a limited duplex scan and should be reported when a complete study is not documented, for example, in the case of a follow-up study or a study of only the arterial flow.
 - Code **93976** is used to report a **fetal umbilical-placental flow study**.
- **OBUS 8.11 – FETAL ECHOCARDIOGRAPHY**
 - It is inappropriate to report codes 76825 – 76828 for the routine monitoring of fetal heart tones using a hand-held or any Doppler device that does not create a hard-copy output. Such fetal heart tone monitoring is considered part of the physical examination and is not separately billable.
 - Code **76825** describes fetal echocardiography, real time with image documentation (2D), with or without M-mode recording
 - Code **76826**:
 - is a follow-up or repeat fetal echocardiogram
 - should never be billed with 76825
 - should never be billed more than once on any date of service
 - Code **76827** describes a complete Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display
 - Code **76828**:
 - is a follow up or repeat Doppler fetal echocardiogram
 - Code **93325** is used to report color mapping in conjunction with fetal echocardiography procedures 76825 – 76828.

- **OBUS 8.12 – 3D and 4D RENDERING**

- There is insufficient data currently to generate appropriateness criteria for the use of 3D and 4D rendering in conjunction with ultrasound*

**Obstetrics and Gynecology 2008; 112:145-157*

**ACOG Practice Bulletin No.101: Ultrasonography in pregnancy. February 2009*

- **OBUS 8.13 – CODES FOR SELECTED OBSTETRICAL PROCEDURES**

- **Amniocentesis:** 59000 and 76946 (for ultrasound guidance)
- **Amniocentesis, therapeutic amniotic fluid reduction:** 59001 (includes ultrasound guidance)
- **Transabdominal amnioinfusion:** 59070 (includes ultrasound guidance)
- **Umbilical Cord Occlusion:** 59072 (includes ultrasound guidance)
- **Fetal Fluid Aspiration:** 59074 (includes ultrasound guidance)
- **Fetal Shunt Placement:** 59076 (includes ultrasound guidance)
- **Unlisted fetal invasive procedure, including ultrasound guidance:** 59897

EVIDENCE BASED CLINICAL SUPPORT

Evidence Based Clinical Support OBUS 3.8 Fetal Anomaly Screen (also called Fetal Anatomy Survey or Fetal Anatomy Screen)

Specific drugs that qualify as risk factors in High Risk Pregnancy and that qualify as medical indications for Fetal Anomaly Screen:

1. Alcohol
2. Primidone
3. Dilantin (hydantoin)
4. Coumadin
5. Amphetamines
6. Progesterone
7. Lithium
8. Cyclophosphamide
9. Azathioprine
10. Quinine
11. Methotrexate
12. Cytarabine
13. Carbamazepine
14. Thalidomide
15. Oral contraceptives
16. Daunorubicin
17. Chlordiazepoxide
18. Trifluoperazine
19. Paramethadione
20. Dextroamphetamine
21. Codeine
22. Trimethadione
23. Penicillamine
24. Diazepam (valium)
25. Cortisone
26. Valproic Acid
27. Methyl mercury
28. Retinoic Acid
29. Carbon monoxide
30. Heparin

OB ULTRASOUND GUIDELINE REFERENCES

OBUS-1 ~ General Guidelines

- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obstetrics & Gynecology* 2008;112:145-157.
- ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009.

OBUS-2~General Obstetrical Ultrasound Indications:

FIRST TRIMESTER (<14 weeks gestation)

- ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009.
- ACOG Committee Opinion, Number 297, *Nonmedical Use of Obstetric Ultrasound*. August 2004.
- ACR Practice Guideline for the Performance of Obstetrical Ultrasound, Effective 10/1/07.
- American Institute of Ultrasound in Medicine (AIUM) Practice Guideline for the Performance of Obstetric Ultrasound Examinations, 2007.
- Leshin L. *Prenatal Screening for Down Syndrome*. January 2007. <http://www.ds-health.com/prenatal.htm>. Accessed September 24, 2009.
- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obstetrics & Gynecology* 2008;112:145-157.
- Vintzileos AM, Campbell WA, Rodis JF, et al. The use of second-trimester genetic sonogram in guiding clinical management of patients at increased risk for fetal Trisomy 21. *Obstetrics & Gynecology* June 1996;87(6):948-952.
- Vintzileos AM, Guzman ER, Smulian JC, et al. Second-trimester genetic sonography in patients with advanced maternal age and normal Triple Screen. *Obstetrics & Gynecology* June 2002;99(6):993-995.

OBUS-3~General Obstetrical Ultrasound Indications:

SECOND TRIMESTER (≥14 to <28 weeks gestation)

- ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009.
- ACOG Committee Opinion, Number 297, *Nonmedical Use of Obstetric Ultrasound*. August 2004.
- ACR Practice Guideline for the Performance of Obstetrical Ultrasound, Effective 10/1/07.
- American Institute of Ultrasound in Medicine (AIUM) Practice Guideline for the Performance of Obstetric Ultrasound Examinations, 2007.
- Leshin L. *Prenatal Screening for Down Syndrome*. January 2007. <http://www.ds-health.com/prenatal.htm>. Accessed September 24, 2009.
- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obstetrics & Gynecology* 2008;112:145-157.
- Moore TK and Layle TE. The amniotic fluid index in normal pregnancy. *Am J Obstet Gynecol* 1990;162:1168-1173.
- American Pregnancy Association. *Low amniotic fluid levels: Oligohydramnios*. January 2007. <http://www.americanpregnancy.org/pregnancycomplications/lowamnioticfluidoligohydramnios.htm>. Accessed September 25, 2009.
- ACOG Practice Bulletin No.12: *Intrauterine Growth Restriction*. Reaffirmed 2008.
- ACOG Practice Bulletin No. 22: *Fetal Macrosomia*. 2000.

OBUS-4~General Obstetrical Ultrasound Indications:

THIRD TRIMESTER (>28 weeks gestation)

- ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009.
- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and

- magnetic resonance imaging. *Obsterics & Gynecology* 2008;112:145-157.
- Moore TK and Layle TE. The amniotic fluid index in normal pregnancy. *Am J Obstet Gynecol* 1990;162:1168-1173.
- American Pregnancy Association. *Low amniotic fluid levels: Oligohydramnios*. January 2007. <http://www.americanpregnancy.org/pregnancycomplications/lowamnioticfluidoligohydramnios.htm>. Accessed September 25, 2009.
- ACOG Practice Bulletin No.12: *Intrauterine Growth Restriction*. Reaffirmed 2008.
- ACOG Practice Bulletin No. 22: *Fetal Macrosomia*. 2000.

OBUS-5 ~ Specific Obstetrical Ultrasound Indications

OBUS-5.6 ~ Diabetes

- ACOG Practice Bulletin No.30: *Gestational Diabetes*. Reaffirmed 2008.

OBUS-5.8 ~ Fetal Echocardiography

- ACC/AA/ASE Committee to Update the 1997 Guidelines for the Clinical Application of *Echocardiography*, 2003;42(5):954-970.

OBUS-5.16 ~ Inappropriate Uses of Obstetrical Ultrasound

- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obsterics & Gynecology* 2008;112:145-157.

OBUS-8 ~ Coding Basics for Established Pregnancy

OBUS-8.4 ~ Required Elements for Detailed Fetal Anatomic Evaluation OB Ultrasound

- Society of Maternal Fetal Medicine. *White Paper on Ultrasound Code 76811*. May 24, 2004. http://www.askleslie.net/rads/White_Paper_on_Ultrasound_Code_76811.pdf. Accessed September 22, 2009.

OBUS-8.9 ~ Fetal Doppler

- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obsterics & Gynecology* 2008;112:145-157.

OBUS-8.12 ~ 3D and 4D Rendering

- Reddy UM, Filly RA, Copel JA. Prenatal imaging: Ultrasonography and magnetic resonance imaging. *Obsterics & Gynecology* 2008;112:145-157.
- ACOG Practice Bulletin No. 101: *Ultrasonography in pregnancy*. February 2009.