Clinical Policy: Ultrasound in Pregnancy

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Revision Log
Coding Implications

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

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

NOTE: Per state requirements, any determination that a requested service or item is not medically necessary shall be made by a PHW/Centene Medical Director.

Policy/Criteria
It is the policy of health plans affiliated with Centene Corporation® that the following ultrasounds during pregnancy are considered **medically necessary** when the following conditions are met:

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

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

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

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

An additional standard second or third trimester ultrasound is considered **medically necessary** if a new provider is taking over care.

III. Up to two *detailed anatomic ultrasounds (76811)* are allowed per pregnancy when performed to evaluate for suspected anomaly based on history, laboratory abnormalities, or clinical evaluation; or when there are suspicious results from a limited or standard ultrasound. Further indications include the possibility of fetal growth restriction and multifetal gestation. This ultrasound must be billed with an appropriate high risk diagnosis code from Table 4 below.

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

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

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

Table 1: TVU cervical length screening for singleton gestations[1]

Past pregnancy history	TVU cervical length screening	Frequency	Maximum # of TVU
Prior preterm birth or short cervix (≤ 25 mm)	Start at 16 0/7 weeks and end at 24 0/7 weeks	Every one to four weeks	9
No prior preterm birth	One exam between 18 0/7 weeks and 22 6/7 weeks	Once	1

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

The following additional procedures are considered **not medically necessary**:

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

Background

Ultrasonography is an accurate fetal imaging tool that is commonly used to determine gestational age, number of fetuses, viability, and placental location.[2]
Classifications of fetal ultrasounds include[3]:

I. Standard First Trimester Ultrasound - 76801
A standard first trimester ultrasound is performed before 14 weeks and 0 days of gestation. It can be performed transabdominally, transvaginally, or transperineally. When performed

transvaginally, CPT 76817 should be used. It includes an evaluation of the presence, size, location, and number of gestational sac(s); and an evaluation of the gestational sac(s).

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

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

II. Standard Second or Third Trimester Ultrasound - 76805

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

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

- Screening for fetal anomalies
- Evaluation of fetal anatomy
- Estimation of gestational age
- Evaluation of fetal growth
- Evaluation of vaginal bleeding
- Evaluation of cervical insufficiency
- Evaluation of abdominal or pelvic pain
- Determination of fetal presentation
- Evaluation of suspected multiple gestation
- Adjunct to amniocentesis or other procedure
- Evaluation of discrepancy between uterine size and clinical dates
- Evaluation of pelvic mass
- Examination of suspected hydatidiform mole
- Adjunct to cervical cerclage placement
- Evaluation of suspected ectopic pregnancy
- Evaluation of suspected fetal death
- Evaluation of suspected uterine abnormality
- Evaluation of fetal well-being

- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected placental abruption
- Adjunct to external cephalic version
- Evaluation of pre-labor rupture of membranes or premature labor
- Evaluation for abnormal biochemical markers
- Follow-up evaluation of a fetal anomaly
- Follow-up evaluation of placental location for suspected placenta previa
- Evaluation with a history of previous congenital anomaly
- Evaluation of fetal condition in late registrants for prenatal care
- Assessment for findings that may increase the risk of aneuploidy

III. Detailed Anatomic Ultrasound - 76811

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

IV. Other Ultrasounds – 76817

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

Ultrasound is used most often in pregnancy for the estimation of gestational age.[3] It has been shown that the use of multiple biometric parameters can allow for accuracy to within three to four days in a mid-trimester study (14 to 22 weeks). Accurate dating of a pregnancy is crucial as many important decisions might be made based on this date, such as the care for an infant delivered prematurely, when to give antenatal steroids, when to electively deliver a term infant, and when to induce for post-dates.[4]

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

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

The American College of Obstetricians and Gynecologists (ACOG) does not yet recommend the use of three- or four-dimensional ultrasound as a replacement for any necessary two-dimensional study. ACOG states, “the technical advantages of three-dimensional ultrasonography include its ability to acquire and manipulate an infinite number of planes and to display ultrasound planes traditionally inaccessible by two-dimensional ultrasonography. Despite these technical advantages, proof of a clinical advantage of three-dimensional ultrasonography in prenatal diagnosis in general still is lacking.”[3]

Multiple societies recommend performing a detailed fetal anatomy ultrasound between 12 weeks0/7 days and 13 weeks 6 days in high-risk pregnancies. However, no unique CPT code exists for the detailed first trimester ultrasound (DFTU), so societies recommend using code 76811, which was designated traditionally for second-trimester anatomy scans.
New recommendations advise billing CPT code 76811 for the DFTU when imaging is medically indicated and to use CPT code 76811 again in the second or third trimester when indicated.[30,31]

Coding Implications

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Table 2: CPT Codes Considered Medically Necessary When Billed with an ICD-10 Code in Table 4

CPT Codes	Description
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (≥14 weeks 0 days), transabdominal approach; single or first gestation
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal

Table 3: CPT Codes considered Not Medically Necessary

CPT Codes	Description
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation

Table 4: ICD-10 Diagnosis Codes that Support Medical Necessity Requirements in Criteria III.

ICD-10-CM Code	Description
A92.5	Zika virus disease
A93.0	Oropouche virus disease
B06.00 through B06.9	Rubella [German measles]
B50.0 through B54	Plasmodium falciparum Malaria
B97.6	Parvovirus as the cause of diseases classified elsewhere
D56.0 through D56.9	Thalassemia
D57.00 through D57.819	Sickle-cell disorders
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E44.0 through E44.1	Protein-calorie malnutrition of moderate and mild degree
E46	Unspecified protein-calorie malnutrition
E66.01	Morbid (severe) obesity due to excess calories
F10.10 through F10.19	Alcohol abuse
F10.20 through F10.29	Alcohol dependence
F10.90 through F10.99	Alcohol use, unspecified
F11.10 through F11.19	Opioid abuse
F11.20 through F11.29	Opioid dependence
F11.90 through F11.99	Opioid use, unspecified
F13.10 through F13.19	Sedative, hypnotic, or anxiolytic-related abuse
F13.20 through F13.29	Sedative, hypnotic, or anxiolytic-related dependence
F13.90 through F13.99	Sedative, hypnotic, or anxiolytic-related use, unspecified
F14.10 through F14.19	Cocaine abuse
F14.20–F14.29	Cocaine dependence
F14.90 through F14.99	Cocaine use, unspecified
F15.10 through F15.19	Other stimulant abuse
F15.20 through F15.29	Other stimulant dependence
F15.90 through F15.99	Other stimulant use, unspecified

ICD-10-CM Code	Description
F16.10 through F16.19	Hallucinogen abuse
F16.20 through F16.29	Hallucinogen dependence
F16.90 through F16.99	Hallucinogen use, unspecified
F17.200 through F17.299	Nicotine dependence
F18.10 through F18.19	Inhalant abuse
F18.20 through F18.29	Inhalant dependence
F18.90 through F18.99	Inhalant use, unspecified
F19.10 through F19.19	Other psychoactive substance abuse
F19.20 through F19.29	Other psychoactive substance dependence
F19.90 through F19.99	Other psychoactive substance use, unspecified
J12.82	Pneumonia due to coronavirus disease 2019
M32.0 through M32.9	Systemic lupus erythematosus (SLE)
M33.00 through M33.99	Dermatopolymyositis
M34.0 through M34.9	Systemic sclerosis [scleroderma]
M35.00 through M35.09	Sjogren syndrome
M35.1	Other overlap syndromes
M35.5	Multifocal fibrosclerosis
M35.8 through M35.9	Other Systemic involvement of connective tissue
M36.0	Dermato(poly)myositis in neoplastic disease
M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere
N18.9	Chronic kidney disease, unspecified
O00.01	Tubal pregnancy
O00.111 through O00.119	Tubal pregnancy with intrauterine pregnancy
O00.211 through O00.219	Ovarian pregnancy with intrauterine pregnancy
O00.81	Other ectopic pregnancy with intrauterine pregnancy
O00.91	Unspecified ectopic pregnancy with intrauterine pregnancy

ICD-10-CM Code	Description
O09.511 through O09.519	Supervision of elderly primigravida
O09.521 through O09.529	Supervision of elderly multigravida
O09.611 through O09.619	Supervision of young primigravida
O09.621 through O09.629	Supervision of young multigravida
O09.70 through O09.73	Supervision of high risk pregnancy due to social problems
O09.811 through O09.819	Supervision of pregnancy resulting from assisted reproductive technology
O09.891 through O09.93	Supervision of high risk pregnancy
O10.011 through O10.019	Pre-existing essential hypertension complicating pregnancy
O10.111 through O10.119	Pre-existing hypertensive heart disease complicating pregnancy
O10.211 through O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy
O10.311 through O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy
O10.411 through O10.419	Pre-existing secondary hypertension complicating pregnancy
O10.911 through O10.919	Unspecified pre-existing hypertension complicating pregnancy
O11.1 through O11.3	Pre-existing hypertension with pre-eclampsia
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O12.00 through O12.04	Gestational edema
O12.10 through O12.14	Gestational proteinuria
O12.20 through O12.24	Gestational edema with proteinuria
O13.1 through O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.00, O14.02 through O14.04	Mild to moderate pre-eclampsia
O14.10, O14.12 through O14.14	Severe pre-eclampsia
O14.20, O14.22 through O14.24	HELLP syndrome

ICD-10-CM Code	Description
O14.90, O14.92 through O14.94	Unspecified pre-eclampsia
O15.00, O15.02 through O15.03	Eclampsia complicating pregnancy
O15.1	Eclampsia complicating labor
O15.9	Eclampsia, unspecified as to time period
O16.1 through O16.4, O16.9	Unspecified maternal hypertension
O22.50 through O22.53	Cerebral venous thrombosis in pregnancy
O23.00 through O23.03	Infections of kidney in pregnancy
O24.011 through O24.02, O24.111 through O24.12, O24.311 through O24.32, O24.410, O24.414 through O24.415, O24.419 through O24.429, O24.811 through O24.82, O24.911 through O24.92	Diabetes mellitus in pregnancy
O25.10 through O25.13	Malnutrition in pregnancy
O25.2	Malnutrition in childbirth
O26.00 through O26.03	Excessive weight gain in pregnancy
O26.10 through O26.13	Low weight gain in pregnancy
O26.20 through O26.23	Pregnancy care for patient with recurrent pregnancy loss
O26.30 through O26.33	Retained intrauterine contraceptive device in pregnancy
O26.40 through O26.43	Herpes gestationis
O26.611 through O26.619	Liver and biliary tract disorders in pregnancy
O26.831 through O26.839	Pregnancy related renal disease
O26.841 through O26.849	Uterine size-date discrepancy
O26.851 through O26.859	Spotting complicating pregnancy

ICD-10-CM Code	Description
O26.872 through O26.879	Cervical shortening
O28.0 through O28.5, O28.8 through O28.9	Abnormal findings on antenatal screening of mother
O29.011 through O29.019, O29.021 through O29.029, O29.111 through O29.119, O29.121 through O29.129, O29.211 through O29.219, O29.291 through O29.299	Complications of anesthesia during pregnancy
O30.001 through O30.099	Twin pregnancy
O30.101 through O30.199	Triplet pregnancy
O30.201 through O30.299	Quadruplet pregnancy
O30.801 through O30.899	Other specified multiple gestation
O30.90 through O30.93	Multiple gestation, unspecified
O31.10X0 through O31.23X9	Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more
O31.30X1 through O31.30X9, O31.32X0 through O31.32X9, O31.33X0 through O31.33X9	Continuing pregnancy after elective fetal reduction of one fetus or more
O31.8X20 through O31.8X29, O31.8X30 through O31.8X39, O31.8X90 through O31.8X99	Other complications specific to multiple gestation
O32.0XX3 through O32.0XX9, O32.1XX1, O32.2XX1, O32.3XX1, O32.6XX1, O32.8XX1, O32.9XX1	Maternal care for malpresentation of fetus
O33.4XX0 through O33.4XX9	Maternal care for disproportion of mixed maternal and fetal origin

ICD-10-CM Code	Description
O33.5XX0 through O33.5XX9	Maternal care for disproportion due to unusually large fetus
O33.6XX0 through O33.6XX9	Maternal care for disproportion due to hydrocephalic fetus
O33.7XX0 through O33.7XX9	Maternal care for disproportion due to other fetal deformities
O34.01 through O34.03	Maternal care for unspecified congenital malformation of uterus
O34.30 through O34.33	Maternal care for cervical incompetence
O35.0XX1	Maternal care for (suspected) central nervous system malformation in fetus, fetus 1
O35.0XX2	Maternal care for (suspected) central nervous system malformation in fetus, fetus 2
O35.0XX3	Maternal care for (suspected) central nervous system malformation in fetus, fetus 3
O35.0XX4	Maternal care for (suspected) central nervous system malformation in fetus, fetus 4
O35.0XX5	Maternal care for (suspected) central nervous system malformation in fetus, fetus 5
O35.0XX9	Maternal care for (suspected) central nervous system malformation in fetus, other fetus
O35.1XX0	Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified
O35.1XX1	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1
O35.1XX2	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 2
O35.1XX3	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 3
O35.1XX4	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 4
O35.1XX5	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 5
O35.1XX9	Maternal care for (suspected) chromosomal abnormality in fetus, other fetus
O35.00X0 through O35.00X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified
O35.01X0 through O35.01X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum
O35.02X0 through O35.02X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly
O35.03X0 through O35.03X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts

ICD-10-CM Code	Description
O35.04X0 through O35.04X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele
O35.05X0 through O35.05X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly
O35.06X0 through O35.06X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly
O35.07X0 through O35.07X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly
O35.08X0 through O35.08X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida
O35.09X0 through O35.09X9	Maternal care for (suspected) other central nervous system malformation or damage in fetus
O35.10X0 through O35.10X9	Maternal care for (suspected) chromosomal abnormality in fetus
O35.11X0 through O35.11X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13
O35.12X0 through O35.12X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18
O35.13X0 through O35.13X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21
O35.14X0 through O35.14X9	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome
O35.15X0 through O35.15X9	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality
O35.19X0 through O35.19X9	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality
O35.AXX0 through O35.AXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies
O35.BXX0 through O35.BXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies
O35.CXX0 through O35.CXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies
O35.DXX0 through O35.DXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies
O35.EXX0 through O35.EXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies
O35.FXX0 through O35.FXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk
O35.GXX0 through O35.GXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies
O35.HXX0 through O35.HXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies
O35.2XX0 through O35.2XX9	Maternal care for (suspected) hereditary disease in fetus

ICD-10-CM Code	Description
O35.3XX0 through O35.3XX9	Maternal care for (suspected) damage to fetus from viral disease in mother
O35.4XX0 through O35.4XX9	Maternal care for (suspected) damage to fetus from alcohol
O35.5XX0 through O35.5XX9	Maternal care for (suspected) damage to fetus by drugs
O35.6XX0 through O35.6XX9	Maternal care for (suspected) damage to fetus by radiation
O35.7XX0 through O35.7XX9	Maternal care for (suspected) damage to fetus by other medical procedures
O35.8XX0 through O35.8XX9	Maternal care for other (suspected) fetal abnormality and damage
O35.9XX0 through O35.9XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified
O36.0110 through O36.0999	Maternal care for rhesus isoimmunization
O36.1110 through O36.1999	Maternal care for other isoimmunization
O36.20X0 through O36.20X9, O36.22X0 through O36.22X9, O36.23X0 through O36.23X9	Maternal care for hydrops fetalis
O36.4XX0 through O36.4XX9	Maternal care for intrauterine death
O36.5110 through O36.5999	Maternal care for other known or suspected poor fetal growth
O36.60X0 through O36.60X9, O36.62X0 through O36.62X9, O36.63X0 through O36.63X9	Maternal care for excessive fetal growth
O36.70X0 through O36.70X9, O36.72X0 through O36.72X9, O36.73X0 through O36.73X9	Maternal care for viable fetus in abdominal pregnancy
O36.80X0 through O36.80X9	Pregnancy with inconclusive fetal viability
O36.8130 through O36.8139, O36.8190 through O36.8199	Decreased fetal movements
O36.8220 through O36.8229, O36.8230	Fetal anemia and thrombocytopenia

ICD-10-CM Code	Description
through O36.8239, O36.8290 through O36.8299	
O36.8320 through O36.8329, O36.8330 through O36.8339, O36.8390 through O36.8399	Maternal care for abnormalities of the fetal heart rate or rhythm
O36.8910 through O36.8919	Maternal care for other specified fetal problems, first trimester
O36.8920 through O36.8929	Maternal care for other specified fetal problems, second trimester
O36.8930 through O36.8939	Maternal care for other specified fetal problems, third trimester
O36.8990 through O36.8999	Maternal care for other specified fetal problems, unspecified trimester
O36.90X0 through O36.90X9	Maternal care for fetal problem, unspecified, unspecified trimester
O36.91X0 through O36.91X9	Maternal care for fetal problem, unspecified, first trimester
O36.92X0 through O36.92X9	Maternal care for fetal problem, unspecified, second trimester
O36.93X0 through O36.93X9	Maternal care for fetal problem, unspecified, third trimester
O40.1XX0 through O40.9XX9	Polyhydramnios
O41.00X0 through O41.03X9	Oligohydramnios
O41.8X20 through O41.8X29, O41.8X30 through O41.8X39	Other specified disorders of amniotic fluid and membranes
O42.00, O42.011 through O42.02	Premature rupture of membranes, onset of labor within 24 hours of rupture
O42.10, O42.111 through O42.119	Premature rupture of membranes, onset of labor more than 24 hours following rupture
O42.911 through O42.919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O43.011 through O43.019, O43.021 through O43.029	Placental transfusion syndromes
O43.101 through O43.109	Malformation of placenta, unspecified

ICD-10-CM Code	Description
O43.111 through O43.119, O43.121 through O43.129	Malformation of placenta
O43.191 through O43.199	Other malformation of placenta
O43.211 through O43.219, O43.221 through O43.229, O43.231 through O43.239	Morbidly adherent placenta
O43.811 through O43.819	Placental infarction
O43.891 through O43.899	Other placental disorders
O43.90 through O43.93	Unspecified placental disorder
O44.00 through O44.03, O44.10 through O44.13, O44.20 through O44.23, O44.30 through O44.33, O44.40 through O44.43, O44.50 through O44.53	Placenta previa
O45.001 through O45.009, O45.011 through O45.019, O45.021 through O45.029, O45.091 through O45.099	Premature separation of placenta [abruptio placentae]
O45.8X1 through O45.8X9	Other premature separation of placenta
O45.90 through O45.93	Premature separation of placenta, unspecified
O46.001 through O46.009, O46.011 through O46.019, O46.021 through O46.029, O46.091 through O46.099, O46.8X1 through O46.8X9, O46.90 through O46.93	Antepartum hemorrhage, not elsewhere classified

ICD-10-CM Code	Description
O48.0 through O48.1	Late pregnancy
O60.00, O60.02 through O60.03, O60.10X0 through O60.10X9, O60.12X0 through O60.12X9, O60.13X0 through O60.13X9, O60.14X0 through O60.14X9	Preterm labor
O69.81X0 through O69.89X9	Labor and delivery complicated by other cord complications
O71.9	Obstetric trauma, unspecified
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O98.012 through O98.019	Tuberculosis complicating pregnancy
O98.112 through O98.119	Syphilis complicating pregnancy
O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819	Other maternal infectious and parasitic diseases complicating pregnancy
O98.919	Unspecified maternal infectious and parasitic disease complicating pregnancy
O99.21 through O99.214	Obesity complicating pregnancy, childbirth, and the puerperium
O99.280 through O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy
O99.310 through O99.313	Alcohol use complicating pregnancy
O99.320 through O99.323	Drug use complicating pregnancy
O99.330 through O99.333	Smoking (tobacco) complicating pregnancy
O99.411 through O99.419	Diseases of the circulatory system complicating pregnancy
O99.511 through O99.519	Diseases of the respiratory system complicating pregnancy

ICD-10-CM Code	Description
O9A.111 through O9A.119	Malignant neoplasm complicating pregnancy
Q04.8	Other specified congenital malformations of brain [choroid plexus cyst]
Q30.1	Agenesis and underdevelopment of nose [absent or hypoplastic nasal bone]
Q62.0	Congenital hydronephrosis [fetal pyelectasis]
Q71.811 through Q71.819	Congenital shortening of upper limb [humerus]
Q72.811 through Q72.819	Congenital shortening of lower limb [femur]
Q92.0 through Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy]
R63.6	Underweight
R76.81 through R76.9	Other specified abnormal immunological findings in serum
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.811 through R93.89	Abnormal findings on diagnostic imaging of other specified body structures
U07.1	COVID-19
Z20.821	Contact with and (suspected) exposure to Zika virus
Z20.822	Contact with and (suspected) exposure to COVID-19
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z68.35	Body mass index [BMI] 35.0-35.9, adult
Z68.36	Body mass index [BMI] 36.0-36.9, adult
Z68.37	Body mass index [BMI] 37.0-37.9, adult
Z68.38	Body mass index [BMI] 38.0-38.9, adult
Z68.39	Body mass index [BMI] 39.0-39.9, adult
Z68.41 through Z68.45	Body mass index [BMI] 40 or greater, adult

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created & reviewed by Obstetrical specialist	01/11	01/11
Annual review. Removed table 5, diagnosis codes supporting medical necessity for TVU, which was included in the previous version in error. Added “detailed “ to criteria statement, section III: “Further detailed anatomic ultrasounds…..” for clarification. References reviewed and updated. Specialist review.	03/22	03/22
Annual review. Minor rewording in Description, in Table 1 under Criteria IV., and in Criteria V. Verbiage added to indicate list is not all inclusive under Classifications of fetal ultrasounds Section I. and	03/23	03/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Section II. Background updated with no impact on criteria. Updated Table 4 Coding description. The following retired code ranges were removed: O35.0XX0 through O35.0XX9 and O35.1XX0 through O35.1XX9. The following code ranges were added: O35.00X0 through O35.00X9, O35.01X0 through O35.01X9, O35.02X0 through O35.02X9, O35.03X0 through O35.03X9, O35.04X0 through O35.04X9, O35.05X0 through O35.05X9, O35.06X0 through O35.06X9, O35.07X0 through O35.07X9, O35.08X0 through O35.08X9, O35.09X0 through O35.09X9, O35.10X0 through O35.10X9, O35.11X0 through O35.11X9, O35.12X0 through O35.12X9, O35.13X0 through O35.13X9, O35.14X0 through O35.14X9, O35.15X0 through O35.15X9, O35.19X0 through O35.19X9, O35.AXX0 through O35.AXX9 , O35.BXX0 through O35.BXX9, O35.CXX0 through O35.CXX9, O35.DXX0 through O35.DXX9, O35.EXX0 through O35.EXX9, O35.FXX0 through O35.FXX9, O35.GXX0 through O35.GXX9, O35.HXX0 through O35.HXX9. References reviewed and updated.		
Updated Table 4 (Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound) to include the following codes and code ranges: A92.5, D56.0 through D56.9, D57.00 through D57.819, M32.0 through M32.9, M33.00 through M33.99, M34.0 through M34.9, M35.00 through M35.09, M35.1, M35.5, M35.8 through M35.9, M36.0, M36.8, N18.9, O00.01, O00.111 through O00.119, O00.211 through O00.219, O00.81, O00.91, O09.892 through O09.93, O10.012 through O10.019, O10.112 through O10.119, O10.212 through O10.219, O10.312 through O10.319, O10.412 through O10.419, O10.912 through O10.919, O11.2 through O11.3, O12.00, O12.02 through O12.03, O12.10, O12.12 through O12.13, O12.20, O12.22 through O12.23, O13.2 through O13.3, O13.5 through O13.9, O14.00, O14.02 through O14.03, O14.10, O14.12 through O14.13, O14.20, O14.22 through O14.23, O14.90, O14.92 through O14.93, O15.00, O15.02 through O15.03, O15.9, O16.2 through O16.3, O16.9, O22.50, O22.52 through O22.53, O23.00, O23.02 through O23.03, O24.414 through O24.415, O26.20, O26.22 through O26.23, O26.30, O26.32 through O26.33, O26.40, O26.42 through O26.43, O26.612 through O26.619, O26.832 through O26.839, O26.843 through O26.849, O26.852 through O26.859, O26.872 through O26.879, O28.5, O28.8 through O28.9, O29.012 through O29.019, O29.022 through O29.029, O29.112 through O29.119, O29.122 through O29.129, O29.212 through O29.219, O29.292 through O29.299, O30.90, O30.92 through O30.93, O31.30X1 through O31.30X9, O31.32X0 through O31.32X9, O31.33X0 through O31.33X9, O31.8X20 through O31.8X29, O31.8X30 through O31.8X39, O31.8X90 through O31.8X99, O32.0XX3 through O32.0XX9,	10/23	10/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
O32.1XX1, O32.2XX1, O32.3XX1, O32.6XX1, O32.8XX1, O32.9XX1, O34.02 through O34.03, O34.30, O34.32 through O34.33, O36.20X0 through O36.20X9, O36.22X0 through O36.22X9, O36.23X0 through O36.23X9, O36.4XX0 through O36.4XX9, O36.60X0 through O36.60X9, O36.62X0 through O36.62X9, O36.63X0 through O36.63X9, O36.70X0 through O36.70X9, O36.72X0 through O36.72X9, O36.73X0 through O36.73X9, O36.80X0 through O36.80X9, O36.8130 through O36.8139, O36.8190 through O36.8199, O36.8220 through O36.8229, O36.8230 through O36.8239, O36.8290 through O36.8299, O36.8320 through O36.8329, O36.8330 through O36.8339, O36.8390 through O36.8399, O41.8X20 through O41.8X29, O41.8X30 through O41.8X39, O42.00, O42.012 through O42.02, O42.10, O42.112 through O42.119, O42.912 through O42.919, O43.012 through O43.019, O43.022 through O43.029, O43.112 through O43.119, O43.122 through O43.129, O43.212 through O43.219, O43.222 through O43.229, O43.232 through O43.239, O43.812 through O43.819, O44.00, O44.02 through O44.03, O44.10, O44.12 through O44.13, O44.20, O44.22 through O44.23, O44.30, O44.32 through O44.33, O44.40, O44.42 through O44.43, O44.50, O44.52 through O44.53, O45.002 through O45.009, O45.012 through O45.019, O45.022 through O45.029, O45.092 through O45.099, O46.002 through O46.009, O46.012 through O46.019, O46.022 through O46.029, O46.092 through O46.099, O46.8X2 through O46.8X9, O46.90, O46.92 through O46.93, O48.0 through O48.1, O60.00, O60.02 through O60.03, O60.10X0 through O60.10X9, O60.12X0 through O60.12X9, O60.13X0 through O60.13X9, O60.14X0 through O60.14X9, O98.012 through O98.019, O98.112 through O98.119, O98.919, O99.280, O99.282 through O99.283, O99.330, O99.332 through O99.333, O99.512 through O99.519, O9A.112 through O9A.119, U07.1, Z20.821, Z20.822, and Z21. References reviewed and updated. Internal specialist reviewed.		
Annual review. Updated description and background with no clinical significance. Coding reviewed. References reviewed and updated.	03/24	03/24
Annual review. Removed I. through V. list under Policy/Criteria for clarity. Added medical necessity in Criteria II. for an additional standard second or third trimester ultrasound if transferring to a new provider. Added clarification in Criteria IV. regarding transvaginal ultrasounds performed in an office setting. Updated title of Table 1., and Table 1. updated to include standardized criteria for all prior preterm birth and for a short cervix…updated exam time period to between 18 0/7 weeks and 22 6/7 weeks for no prior preterm birth. Criteria V. updated to include abnormally trending HCG levels in regard to a follow-up ultrasound in the first trimester…Moved	03/25	03/25

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Classification of fetal ultrasounds to Background with no impact to criteria. Background updated with no impact on criteria. Updated Table 4. (Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound) to include the following codes: A93.0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9. References reviewed and updated. Reviewed by internal specialist and external specialist.		
Annual review. Added Medical Director determination statement to Policy Description section. Updated Criteria III. from one detailed anatomic ultrasound (76811) to up to two detailed anatomic ultrasounds (76811) per pregnancy and updated Criteria III. to state a third detailed anatomic ultrasound is considered medically necessary if a new maternal fetal medicine specialist group is taking over…Background updated to align with criteria changes. Reworded table headers for tables 2 and 4. Updated Table 4. (ICD-10 Diagnosis Codes that Support Medical Necessity Requirements in Criteria III) to include the following codes and code ranges: E41, E43, E44.0 through E44.1, E46, F10.10 through F10.19, F10.20 through F10.29, F10.90 through F10.99, F11.10 through F11.19, F11.20 through F11.29, F11.90 through F11.99, F13.10 through F13.19, F13.20 through F13.29, F13.90 through F13.99, F14.10 through F14.19, F14.20 through F14.29, F14.90 through F14.99, F15.10 through F15.19, F15.20 through F15.29, F15.90 through F15.99, F16.10 through F16.19, F16.20 through F16.29, F16.90 through F16.99, F17.200 through F17.299, F18.10 through F18.19, F18.20 through F18.29, F18.90 through F18.99, F19.10 through F19.19, F19.20 through F19.29, F19.90 through F19.99, J12.82, O09.611 through O09.619, O09.621 through O09.629, O09.70 through O09.73, O09.891, O10.011, O10.02, O10.111, O10.211, O10.311, O10.411, O10.911, O11.1, O11.5, O11.9, O12.01, O12.11, O12.21, O13.1, O15.1, O16.1, O22.51, O23.01, O24.02, O24.12, O24.32, O24.410, O24.419 through O24.429, O24.82, O24.92, O25.10 through O25.13, O25.2, O26.00 through O26.03, O26.10 through O26.13, O26.21, O26.31, O26.41, O26.611, O26.831, O26.841, O26.842, O26.851, O29.011, O29.021, O29.111, O29.121, O29.211, O29.291, O30.91, O33.4XX0 through O33.4XX9, O33.5XX0 through O33.5XX9, O34.01, O34.31, O35.7XX0 through O35.7XX9, O36.8910 through O36.8919, O36.8920 through O36.8929, O36.8930 through O36.8939, O36.8990 through O36.8999, O36.90X0 through O36.90X9, O36.91X0 through O36.91X9, O36.92X0 through O36.92X9, O36.93X0 through O36.93X9, O42.011, O42.111, O42.911, O43.011, O43.021, O43.101 through O43.109, O43.111, 043.121, O43.191 through O43.199,	3/31/2026	8/4/2026

Reviews, Revisions, and Approvals	Revision Date	Approval Date
O43.211, O43.221, O43.231, O43.811, O43.891 through O43.899, O43.90 through O43.93, O44.01, O44.11, O44.21, O44.31, O44.41, O44.51, O45.001, O45.011, O45.021, O45.091, O45.8X1 through O45.8X9, O45.90 through O45.93, O46.001, O46.011, O46.021, O46.091, O46.8X1, O46.91, O99.21 through O99.214, O99.281, O99.331, O99.511, O9A.111, R63.6, R76.81 through R76.9, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41 through Z68.45. References reviewed and updated. Reviewed by internal specialist.		

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, member/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

- **Note:** *Per state requirements, any determination that a requested service or item is not medically necessary shall be made by a PHW/Centene Medical Director.*

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.