Overview

A limited number of ultrasounds are considered standard of care in early pregnancy management. These studies can be used to identify potential fetal abnormalities or other issues with a pregnancy. Ultrasounds required beyond the indications typically involve limited, follow-up or transvaginal ultrasounds to monitor medical conditions and complexities. (Refer to Horizon NJ Health OB Ultrasound Authorization and Coding Guide found on the website HorizonNJhealth.com/for-providers.)

OB Ultrasounds included in Mom’s “Getting Early Maternity Services” (GEMS) Authorizations

- One ultrasound performed prior to fourteen (14) weeks gestation.
- One nuchal translucency measurement per pregnancy performed between eleven (11) and fourteen (14) weeks gestation.
- One complete screening obstetric ultrasound, typically performed between 18 – 22 weeks gestation.

In some circumstances, such as late pregnancy care, the complete ultrasound may be done after 22 weeks. A second complete ultrasound may be approved when the need is justified, such as when a patient is referred to another provider or specialist (additional authorization required).

Prior Authorization Request for Frequently Used Ultrasounds

The Horizon NJ Health OB Ultrasound Authorization and Coding Guide corresponds to the various types of ultrasound procedures that may be requested during a pregnancy.

Medical Necessity

Refer to the Horizon NJ Health OB Ultrasound Authorization and Coding Guide for details. “A detailed obstetric ultrasound is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic, genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.) or increased risk for fetal abnormality (e.g. AMA, diabetic, fetus at risk due to teratogen or genetics, abnormal prenatal screen). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies,” as per SMFM guidelines. (AIUM 2010)

One detailed obstetric ultrasound per pregnancy is considered medically necessary for approved medical conditions as listed. Prenatal ultrasounds may assist in the diagnosis and monitoring of complicating medical conditions and major fetal anomalies. Some high-risk, complicated pregnancies may require regular monitoring over time.

OB Ultrasound Indications

- Detailed, Limited and Follow-up Ultrasound
- Biophysical Profile
- Fetal Echo
- Vessel Doppler

Continued on next page
Overview

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Situations beyond listed medical conditions

Please note that indications adjunct to procedures (an ultrasound may be indicated for amniocentesis, amnioinfusion, cervical cerclage, fetoscopy, shunt placement, etc.) and other high-risk medical conditions not listed above will be allowed upon request after clinical review.

Three-dimensional (3D) and four-dimensional (4D) Ultrasounds are considered experimental and investigational as there is no evidence that they alter management over a two-dimensional (2D) ultrasound in a way that improves outcomes.

Additional References

• horizonnjhealth.com/for-providers/resources
• Navinet.net
• Horizon NJ Health Physician and Health Care Professional Manual, Section 13.14 Prenatal Program – Mom’s GEMS

Contact Information

Provider Services: 1-800-682-9091

Horizon NJ Health OB Ultrasound Authorization and Coding Guide

• Table 1: CPT Codes for routine ultrasounds
• Table 2: Prior Authorization Requirement for Frequently Used Ultrasounds
• Table 3: Diagnostic Codes related to Maternal/Fetal Conditions