



July 31, 2015

Prenatal Ultrasound Coverage and Coding

Currently, Anthem Blue Cross and Blue Shield covers CPT codes 76801, 76802 76805, 76810, 76811, 76812, 76815, 76816 and 76817 for outpatient prenatal ultrasounds for our Wisconsin Medicaid members. **Any CPT codes not specifically listed here are not included in our clinical guideline for prenatal ultrasounds (CG-Med-42).** This policy does not apply to ultrasounds performed by maternal fetal medicine specialists, in hospital settings, or by radiology providers.

It is our policy to cover one routine prenatal ultrasound for fetal anatomic survey per pregnancy (76801, 76805). Effective **September 8, 2014**, additional ultrasounds for procedural codes 76811, 76812, 76815, 76816 and 76817 for suspected maternal/fetal abnormality or follow-up require an appropriate diagnosis indicating medical necessity. Without documentation supportive of medical necessity, ultrasounds for procedural codes 76811, 76812, 76815, 76816 and 76817 will not be reimbursed.

Our medical coverage policies are based on medical necessity, consideration of nationally accepted medical practice standards, review of medical literature and governmental approvals. We referred to the American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin, Number 101, February 2009 – “Ultrasonography in Pregnancy,” to create this policy. According to this bulletin, ultrasonography in pregnancy should be performed only when there is a valid medical indication. Specifically, the ACOG practice bulletin states, “The use of either two-dimensional or three-dimensional ultrasonography only to view the fetus, obtain a picture of the fetus, or determine the fetal sex without a medical indication is inappropriate and contrary to responsible medical practice.”

For more information

For questions regarding prenatal ultrasound coverage, please call our national Provider Relations team at **1-855-558-1443**. We appreciate your commitment to the health and well-being of our members.

www.anthem.com/wimedicaidoc

Prenatal ultrasound codes

<p>76811 Pregnancy ultrasound, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach, single or first gestation</p>	<p>Reimbursable only with associated diagnoses codes</p>	<p>641.03, 641.13, 641.23, 642.03, 643.03, 643.23, 644.03, 646.83, 646.93, 647.63, 648.03, 648.43, 648.83, 648.93, 649.63, 651.03, 652.23, 654.53, 654.63, 655.03, 655.13, 655.23, 655.43, 655.53, 655.83, 655.90, 655.93, 656.43, 656.53, 656.63, 656.83, 656.93, 658.03, 658.13, 658.23, 659.53, 659.60, 659.63, 659.73, V23.5, V23.7, V23.82, V23.89, V23.9, V28.4, V28.82</p>
<p>76817 Ultrasound pregnant uterus transvaginal</p>	<p>Reimbursable only with associated diagnoses codes</p>	<p>218.9, 620.2, 625.9, 626.0, 626.4, 626.8, 631.0, 632, 633.0, 633.10, 633.11, 633.2, 633.21, 633.80, 633.90, 633.91, 634.9, 634.91, 634.92, 635.00, 635.82, 635.90, 635.91, 635.92, 640.00, 640.03, 640.83, 640.93, 641.93, 646.33, 649.53, 654.13, 654.53, 654.63, 655.53, 655.83, 659.53, 659.63, 789.04, V23.2, V23.41, V23.49, V23.89, V23.9, V28.82</p>
<p>76802 Pregnancy ultrasound, fetal and maternal evaluation <14 weeks, 0 days. Each additional gestation 76810 Pregnancy ultrasound, fetal and maternal evaluation >14 weeks, 0 days Each additional gestation 76812 Pregnancy ultrasound plus detailed fetal anatomic examination, transabdominal approach Each additional gestation</p>	<p>Reimbursable only with the associated diagnoses codes</p>	<p>651.03, 651.13, 651.23, 651.83, 651.93</p>
<p>76815 Pregnancy ultrasound, limited</p>	<p>Reimbursable only with the associated diagnoses codes</p>	<p>626.0, 631.0, 632, 633.0, 633.10, 633.11, 633.2, 633.21, 633.80, 633.90, 633.91, 634.9, 635.00, 635.82, 635.91, 635.92, 640.03, 640.93, 641.03, 642.03, 642.23, 642.33, 643.03, 643.23, 644.03, 649.53, 649.63, 651.03, 652.23, 654.13, 654.53, 655.73, 655.93, 656.43, 656.53, 656.63, 656.93, 657.03, 658.03, 658.13, 658.23, 659.73, V23.5</p>
<p>76816 Ultrasound pregnant uterus follow-up (re-evaluation of fetal size, amniotic fluid volume, etc.)</p>	<p>Reimbursable only with the associated diagnosis codes.</p>	<p>631.0, 633.0, 633.10, 633.11, 633.2, 633.21, 633.80, 633.90, 633.91, 634.9, 640.03, 641.03, 641.13, 642.03, 642.23, 642.33, 642.43, 643.03, 644.03, 646.83, 646.93, 647.63, 648.83, 649.53, 649.63, 651.03, 652.23, 654.13, 654.53, 654.63, 655.03, 655.13, 655.23, 655.53, 655.83, 656.53, 656.63, 656.80, 656.81, 656.83, 657.03, 658.03, 658.13, 659.63, V23.5, V23.7, V23.82</p>