

# Maternal Ultrasound Authorization Matrix



Community First Health Plans provides this Ultrasound Authorization Matrix to post or keep handy in your practice office(s). This matrix will save you time as you arrange care for your patients/our members. If you have any questions, please do not hesitate to contact **Health Services Management at (210) 358-6050** for assistance.

Code	Description	Indication(s)	Authorization Policy
<b>76801-76802</b>	76801 – Ultrasound, pregnant uterus, real time image documentation, fetal and maternal evaluation, < 14 weeks, trans abdominal approach; single gestation 76802 – Each additional gestation	Ultrasound sac/fetal measurements, and survey of fetal, placental, maternal anatomic structure and qualitative assessment of fluid and examination of uterus and adnexa. <b>If not able to confirm by physical exam, transvaginal US or other means – need documented evidence.</b>	<b>Preauthorization Required</b> in advance and request will need supporting clinical documentation of the history outlining the indications for this exam.
<b>76805-76810</b>	76805 – Routine ultrasound in the 2nd trimester > or = to 14 weeks; single gestation 76810 – Each additional gestation	Screening exam for anomalies and gestational age confirmation (16-20 weeks). <i>(ACOG outlines that the optimal timing for a single ultrasound examination, in the absence of specific indications for a first-trimester examination, is at 18- 20 weeks of gestation.)</i>	76805 is a covered benefit for <b>1</b> exam to be performed during the pregnancy at 16-20 weeks gestation without authorization. <b>*More than 1 ultrasound exam of 76805 – Authorization Required with supporting documentation.</b> PPO/Commercial HMO/CFHP Medicaid and CFHP CHIP Perinate members.
<b>76811-76812</b>	Detailed ultrasound exam	Detailed ultrasounds are intended for a known or suspected fetal anatomic or genetic abnormality (i.e. previous anomalous fetus, abnormal scan this pregnancy, and documented clinical history of high risk for fetal abnormality). <i>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.</i>	<b>Preauthorization Required</b> and clinical documentation of an abnormality on a prior ultrasound exam and/or documentation of the severe maternal condition associated with a high risk to the pregnancy. <u>Only one detailed US per pregnancy is normally required.</u>
<b>76813</b>	Nuchal Translucency ultrasound exam	In conjunction with serum biochemistry studies, indicated to assess the risk of fetal aneuploidy.	<b>Preauthorization Required</b> in advance of US being performed. This exam is a covered benefit when: 1) There are maternal risk factors for fetal aneuploidy (age 35 or greater at time of delivery, prior aneuploidy, such as Down's birth, family history of aneuploidy, such as Down's syndrome). 2) Performed from 11 weeks, 1 day to 13 weeks, 6 days of gestation. 3) Performed with the documented serum biochemical marker (HCG and PAPP-A).
<b>76815-76816</b>	76815 – Limited real time ultrasound with image documentation. 76816 – real time ultrasound image documentation follow-up for fetal sizing measuring growth parameters and fluid volume from suspected or confirmed prior ultrasound	Follow-up exam of a prior abnormality or to assess fetal growth in pregnant members demonstrating significant size/dates discrepancy or that have conditions that affect fetal growth, e.g. hypertension and diabetes.	<b>Preauthorization Required</b> and clinical documentation of an abnormality on a prior ultrasound exam and/or of a maternal condition that affects fetal growth.
<b>76817</b>	Transvaginal Ultrasound	1. Confirm presence of gestational sac/intrauterine pregnancy – <b>(if not able to confirm by physical exam or other means – need documented evidence).</b> 2. In later pregnancy indications include: women with a history of an incompetent cervix, cerclage procedure, short cervix on exam funneling on sono, placenta previa/bleeding, ruptured membranes, lower uterine fibroids or other conditions which may threaten cervical stability.	<b>Preauthorization Required*:</b> <b>*STAR/CHIP/CHIP Perinate: Preauthorization Required</b> and clinical documentation of the history outlining the indications for this as noted in number 1 & 2. <b>*PPO/Commercial HMO:</b> If a covered benefit for members, preauthorization is not required if performed during an early first trimester new patient visit. <b>Preauthorization Required</b> for any 76817 performed beyond the first antepartum visit as outlined in number 1 & 2.
<b>76818</b>	Ultrasound Bio Physical Profile (BPP) with Non-Stress Test (NST)	Weekly 3rd trimester surveillance of high risk patients, especially insulin dependent diabetic moms.	<b>Preauthorization Required</b> for the first exam at 30 weeks and clinical documentation of maternal diabetes or other condition that places the mom at high risk. Weekly exams from weeks 31– delivery. Exams at 24 weeks or prior to 30 weeks require preauthorization and supporting clinical documentation. <i>*May be globally authorized with the first authorization request at 31 weeks. Request should specify frequency.</i>
<b>76819</b>	Ultrasound BPP without NST	Indicated in some high risk patients receiving NSTs 2x/week or when BPP only is required.	<b>Preauthorization Required</b> with clinical rationale submitted, supporting reason for separate coding. <i>*May be globally authorized with the first authorization request at 31 weeks. Request should specify frequency.</i>
<b>76820</b>	Uterine Umbilical Doppler	Indicated for twins with evidence of discordant growth/twin to twin transfusion, evidence of intrauterine growth retardation or evidence of cord compression/signs of significant uteroplacental insufficiency. Not indicated for routine monitoring of diabetes in pregnancy.	<b>Preauthorization Required</b> with clinical documentation of the indication previously outlined. Preauthorization not required for conditions requiring an emergent delivery secondary to acute signs of fetal compromise, i.e. cord compression/signs of significant uteroplacental insufficiency.
<b>76821</b>	Fetal Doppler	Confirmed intrauterine growth retardation, cord compression, ABO/RH incompatibility and decreased fetal movement.	<b>Preauthorization Required</b> except in emergency clinical situations requiring an emergent delivery to safeguard the well being of the fetus.
<b>76825-76828</b>	Fetal Echo	Follow-up of a prior cardiac abnormality found on ultrasound or a fetus at high risk for a congenital heart anomaly.	<b>Preauthorization Required</b> and clinical documentation of a prior abnormal ultrasound and/or a fetus at high risk for having congenital heart disease.