INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

<table>
<thead>
<tr>
<th>Applicable Lines of Business/ Products</th>
<th>This policy applies to Oxford Commercial plan membership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Type</td>
<td>General benefits package</td>
</tr>
<tr>
<td>Referral Required (Does not apply to non-gatekeeper products)</td>
<td>No</td>
</tr>
<tr>
<td>Authorization Required (Precertification always required for inpatient admission)</td>
<td>No&lt;sup&gt;1, 2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Precertification with Medical Director Review Required</td>
<td>No</td>
</tr>
<tr>
<td>Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)</td>
<td>Home, Outpatient, Office</td>
</tr>
</tbody>
</table>

<sup>1</sup>The fourth and subsequent ultrasound procedures per pregnancy require precertification for participating providers as outlined in this policy by eviCore healthcare.

<sup>2</sup>Refer to the Benefits Consideration section for precertification guidelines for New Jersey (NJ) Small group plans, NJ Individual plans (for Date of Service (DOS) prior to 01/01/17, NJ School Board plans and NJ Municipality plans.
BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

New Jersey (NJ) Small, NJ Individual (for Date of Service (DOS) prior to 01/01/17), NJ School Board and NJ Municipality Products

Services indicated as requiring a precertification require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician’s responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

This policy has three components:

1. Utilization Management

Participating Providers will be reimbursed in accordance to their contract, for up to three ultrasounds per pregnancy, based upon their specialty and applicable payment rules, without precertification as outlined in section II and III of this policy.

The fourth and subsequent obstetrical ultrasound procedure per Member per pregnancy performed by a participating provider as outlined are subject to utilization review (pre-certification) by eviCore healthcare.

Oxford has engaged eviCore healthcare to perform initial reviews of requests for pre-certification and Medical necessity reviews. To pre-certify a radiology procedure, please call eviCore healthcare at 1-877-PRE-AUTH (1-877-773-2884) or log on to the eviCore healthcare web site using the Prior Authorization and Notification App.

eviCore healthcare has established an infrastructure to support the review, development, and implementation of comprehensive outpatient imaging criteria. The radiology evidence-based guidelines and management criteria are available on the eviCore healthcare web site: http://www.carecorenational.com/page/criteria.aspx.

2 & 3. Payment by Specialty & Accreditation/Certification Requirements

Specialists will be reimbursed for radiology services rendered in the office, outpatient or home setting. Services are payable to participating physicians based on their specialty. In addition, certain ultrasounds may not be reimbursed unless the providers hold a particular accreditation.

a. Reproductive Endocrinologists may perform the following ultrasound CPT codes; precertification for the fourth and subsequent procedures per Member per pregnancy is required:

- 76815, 76816, 76817
  *In addition to the codes listed above a Reproductive Endocrinologist, with an AIUM/ACR accreditation may perform the following studies; precertification for the fourth and subsequent procedure per Member per pregnancy is required:
  - 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828

b. Obstetricians/Gynecologists may perform the following ultrasound CPT codes; precertification for the fourth and subsequent procedure per Member per pregnancy is required:

- 76815, 76816, 76817
  *In addition to the codes listed above an Obstetrician/Gynecologist, with an AIUM or ACR accreditation may perform the following studies; precertification for the fourth and subsequent procedure per Member per pregnancy is required:
c. Maternal Fetal Medicine and Perinatal Neonatal Medicine specialists may perform the following ultrasound CPT codes; precertification for the fourth and subsequent procedure per Member per pregnancy is required:
   - 76815, 76816, 76817
   *In addition to the codes listed above a Maternal Fetal Medicine and Perinatal Neonatal Medicine specialist, with an AIUM or ACR accreditation may perform the following studies, precertification for the fourth and subsequent procedure per Member per pregnancy is required:
   - 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828
d. Board Certified Pediatric Cardiologists with the American Board of Pediatrics and Cardiology Laboratories accredited by the Intersocietal Accreditation Commission for Echocardiography may perform the following ultrasound CPT codes; precertification for the fourth and subsequent procedure per Member per pregnancy is required:
   - 76825-76828

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt; 14 weeks 0 days), transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>76802</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt; 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>76805</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (&gt; or = 14 weeks 0 days), transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>76810</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (&gt; or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
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BACKGROUND

Obstetric Ultrasound is a highly developed technique used to detect ectopic pregnancy and multiple pregnancies, assessing fetal life and function, diagnosing physical anomalies, and guiding physicians in their efforts to treat the fetus.

Although the clinical benefit of routine ultrasonography has not been established, it is commonly performed early in pregnancy for confirmation of dates, fetal viability, and pregnancy location. Later studies at 16-20 weeks are used to assess fetal anatomy and to identify potential fetal abnormalities. In addition, there are a variety of complications that require ultrasound for evaluation.

REFERENCES


**POLICY HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2017</td>
<td>• Updated language pertaining to the precertification request process; added reference link to the Prior Authorization and Notification App</td>
</tr>
<tr>
<td></td>
<td>• Archived previous version RADIOLOGY 013A.20 T2</td>
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