

Reimbursement Clinical Guidelines: STAR Obstetric Ultrasounds

Policy Position

This reimbursement policy applies to over-the-limit obstetric (OB) ultrasounds based on medical necessity. Assures Medicaid OB ultrasounds reimburse appropriately according to medically necessity guidelines and the member's STAR health benefit plan.

FirstCare Health Plans follows the Texas Medicaid Health Plan (TMHP) and benefit limitations:

- Limit the following pregnancy ultrasounds to three per pregnancy: 76801, 76805, 76811, 76813, 76815, 76816, and 76817.
 - Exception: The limit of three obstetric ultrasounds per pregnancy does not apply to obstetric ultrasound procedures rendered in the emergency room, outpatient observation, or inpatient hospital setting.
 - Submit obstetric ultrasounds provided in the emergency department with a modifier U6 on the professional claim form in order to be considered for payment.
 - Add-on procedure codes (76802, 76810, 76812, and 76814) when billed with the primary procedure code for obstetric ultrasounds do not count toward the limit of three per pregnancy.
- Bill the following codes with the following primary code:
 - Procedure code 76810 must be billed in conjunction with primary procedure code 76805
 - Procedure code 76812 must be billed in conjunction with primary procedure code 76811
 - Procedure code 76814 must be billed in conjunction with primary procedure code 76813
- Deny three-dimensional (3-D) rendering of obstetric ultrasound (procedure code 76376 or 76377) due to not a benefit of Texas Medicaid.
- Fetal biophysical profile (procedure code 76818 or 76819), when billed with 76805, 76810, 76811, 76812, 76813, 76814, 76815, or 76816, will reimburse separately.

Disclaimer

FirstCare has developed coding and reimbursement policies ("Reimbursement Policies") to provide ready access and general guidance on payment methodologies for medical, surgical and behavioral health services.

These policies are subject to all terms of the Provider Service Agreement as well as changes, updates and other requirements of Reimbursement Policies. All Reimbursement Policies are also subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD-10), FirstCare accepts codes valid for the date of service. Additionally, Reimbursement Policies supplement certain standard FirstCare benefit plans and aid in administering benefits. Thus, federal and state law, contract language, etc. take precedence over the Reimbursement Policies (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). Moreover, the terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from Reimbursement Policies. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in Reimbursement Policies.

Most importantly, our Reimbursement Policies relate exclusively to the administration of health benefit plans and are not recommendations for treatment or treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member.

All Reimbursement Policies are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; individual Reimbursement Policies list the applicable LOBs.

Medical Necessity

FirstCare considers routine ultrasounds not medically necessary if done solely to determine the fetal sex or to provide parents with a view and photograph of the fetus.

Complete First Trimester Ultrasound (CPT® 76801 and CPT® 76802). FirstCare considers a complete first trimester ultrasound (CPT® 76801 and CPT® 76802) medically necessary once per pregnancy unless the mother changes to a new medical caregiver at a new office and there is a medical indication for ultrasound. Follow-up studies to CPT® 76801 and CPT® 76802 should be reported as CPT® 76815. FirstCare does not consider an ultrasound codes (CPT® 76801/ CPT® 76802) medically necessary when done routinely with an ultrasound for nuchal translucency (CPT® 76813/ CPT® 76814). In cases where there is either a maternal and/or fetal indication, then the CPT® 76801 code can indeed be billed along with the nuchal translucency screening (CPT® 76813/ CPT® 76814) (SMFM, 2017).

Fetal Anatomic Scan (CPT® 76805). FirstCare considers one complete fetal anatomic scan (CPT® 76805), medically necessary to determine the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal, and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adnexa when visible when appropriate.

- Report once per pregnancy unless the mother changes to a new medical caregiver at a new office, and there is a medical indication for ultrasound
- Used to report complete studies (anatomy scan) performed during the second and third trimester.
- Deny claims when provider bills multiple times. Provider must resubmit claim(s) with the correct CPT code (76815 or 76816).
- Use CPT® 76810 as an 'add-on' code with the 'primary procedure' CPT® 76805 to report each additional gestation.
- Providers often wait for the results of the quad screen before ordering CPT® 76805. The quad screen measures four substances (AFP (alpha-fetoprotein), HCG (human chorionic gonadotropin), uE (Unconjugated estriol), and dimeric inhibin-A). If the quad screen is abnormal, they may request CPT® 76811 in lieu of CPT® 76805.

Fetal Ultrasound with Detailed Anatomic Examination (CPT® 76811, 76812). FirstCare considers a detailed ultrasound fetal anatomic examination (CPT® 76811, 76812) medically necessary for a known or suspected fetal anatomic or 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).

- Follow-up studies should be coded as CPT®76815 or CPT®76816
- Reimburse once per pregnancy, per practice (per NPI) is appropriate.
 - FirstCare may consider on appeal a repeat detailed fetal anatomical ultrasound when a patient is seen by another maternal-fetal medicine specialist practice, for example, for a second opinion on a fetal anomaly, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities (SMFM, 2004; SMFM, 2012).

FirstCare considers detailed ultrasound fetal anatomic examination (CPT® 76811, 76812) experimental, investigational, and not medically necessary for the following indications:

- Routine evaluation of pregnant women who are:
 - Taking bupropion (Wellbutrin) or levetiracetam (Keppra J1953)
 - Pregnant women with low pregnancy-associated plasma protein A
- Pregnant women who smoke or abuse cannabis.
- Any other indications other than evaluation of suspected fetal anatomic abnormalities.
- Routine screening of normal pregnancy
- Maternal idiopathic pulmonary hemosiderosis (ACOG, 2008)
- FirstCare considers more than one fetal ultrasound with detailed anatomic examination (CPT® 76811, 76812) per pregnancy per practice, experimental and investigational. As cited in peer

literature, there is inadequate evidence of the clinical utility of multiple serial detailed fetal anatomic ultrasound examinations during pregnancy.

Fetal Nuchal Translucency (FNT) (CPT® 76813) FirstCare considers fetal nuchal translucency (FNT) (CPT® 76813) medically necessary to identify the risk for specific chromosomal abnormalities. This ultrasound measures the clear (translucent) space at the back of the fetal neck to assess risk for Down Syndrome (Trisomy 21), Trisomy 18, and other genetic disorders.

- Reimburse once per pregnancy.
- CPT® 76814 is an add-on for each additional fetus.
- If the FNT is abnormal, a Maternal Fetal Medicine (MFM) specialist performs a detailed ultrasound (76811) at 16 weeks or greater, hence additional FNTs are not medically necessary.
- Follow-up studies should be coded as CPT® 76815 or CPT® 76816 (if a complete anatomic ultrasound (76811) performed previously).

Obstetrical Transabdominal Limited and Follow-up Ultrasound CPT® 76815 and 76816. FirstCare considers CPT 76815 and 76816 medically necessary every 3 to 6 weeks to evaluate the fetus(s) if a pregnancy is high risk. Ultrasound imaging may be repeated earlier than seven days if there are new or worsening symptoms. Any follow-up ultrasound, including CPT® 76801, 76802, 76805, 76810, 76811, 76813, 76814, are coded as CPT® 76815 or CPT® 76816.

FirstCare considers CPT® 76815 a limited or “quick look” study (i.e. “fetal heartbeat”, placental location or fluid check).

- Reimburse once, regardless of the number of fetuses, and only once per date of service.
- CPT® 76815 should never be reported with complete studies CPT® 76801/ CPT® 76802 and CPT® 76805/ CPT® 76810.

FirstCare considers follow-up ultrasounds CPT® 76816 a follow-up study that reassess fetal size or re-evaluates one or more abnormalities previously revealed on ultrasound.

- Performing a follow-up ultrasound after a detailed anatomic ultrasound (CPT code 76811, 76812) is medical necessary when performing a focused assessment of fetal size by measuring the BPD, abdominal circumference, femur length, or other appropriate measurements, or a detailed re-examination of a specific organ or system known or suspected to be abnormal (SMFM, 2012).
- Report CPT® 76816 once per fetus evaluated in follow-up.
- Modifier -59 is appropriately used on subsequent codes. For example, a follow-up of a twin pregnancy is reported: CPT® 76816 and CPT® 76816-59.
- CPT® 76816 should never be reported with complete studies CPT® 76801, CPT® 76802 and CPT® 76805, CPT® 76810
- CPT® 76816 should not be performed prior to an anatomy scan CPT® 76805 (normal pregnancy) or Detailed anatomy scan CPT® 76811 (high-risk pregnancy).

FirstCare considers repeat limited and follow-up ultrasounds to be medical necessary for the following indications:

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| <ul style="list-style-type: none"> • Alloimmunization • Cervical Insufficiency • Confirmed Diagnosis of Polyhydramnios and Oligohydramnios • Fetal Anatomic Scan • Fetal Hydrops Associated with Polyhydramnios • Gestational Diabetes • High Risk Pregnancy • History of Preterm Delivery • Hypertension Single Umbilical Artery • Known Dichorionic Multiple Pregnancies • Known FGR | <ul style="list-style-type: none"> • Known Macrosomia ≥90th Percentile • Known Monochorionic-Diamniotic or Monochorionic- Monoamniotic Multiple Pregnancies • Obesity (BMI 35-39 and BMI ≥ 40) • Other Causes of Fetal Anemia • Parvovirus B-19 (Fifth Disease) • Placental or Cord Abnormalities • Post Date Pregnancy • Pre-Gestational Diabetes on Medication • Preterm/Premature Rupture of Membranes • Previous C-Section |
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- Rh Isoimmunization
- Risk Factors Associated with Findings on Ultrasound
- Spontaneous Abortion
- Stillbirth History or Risk of Stillbirth
- Twin Anemia Polycythemia Sequence

Obstetrical Transvaginal Ultrasound CPT® 76817. CPT® 76817 is used to report a transvaginal ultrasound. The other OB ultrasound codes are used for transabdominal studies. FirstCare considers an obstetrical transvaginal ultrasound and any transabdominal ultrasound not medical necessary when performing them at the same sitting and reporting them as two codes. CPT® 76817 is reported only once regardless of the number of fetuses. The Society of Obstetricians and Gynecologists of Canada stated that routine transvaginal cervical length assessment was not indicated in women at low-risk (Lim et al, 2011). FirstCare considers repeat transvaginal ultrasounds to be medical necessary for the following indications:

- Cervical Insufficiency
- Known Dichorionic Multiple Pregnancies
- Placental or Cord Abnormalities
- Placenta Previa
- Preterm Labor
- Premature Rupture of Membranes

Applicable Billing Codes

STAR Reimbursable Service Codes

A complete first trimester transabdominal ultrasound (CPT® 76801 and 76802) reimburses once per pregnancy per practice (per NPI). Do not reimburse for over-the-limit.

A complete second or third trimester transabdominal ultrasound (CPT® 76805) reimburses once per pregnancy per practice (per NPI). Do not reimburse for over-the-limit.

Detailed fetal ultrasounds (76811, 76812) reimburse once per pregnancy per practice (per NPI) for the following diagnosis:

Diagnosis	Diagnosis Description
A92.5	Zika virus disease
A92.8	Other specified mosquito-hyphenborne viral fevers
B06.00-B06.9	Rubella [German measles]
B50.0-B54	Malaria
B97.6	Parvovirus as the cause of diseases classified elsewhere
E66.01	Morbid (severe) obesity due to excess calories [severe obesity with a BMI of 35 or>]
O09.511-O09.519	Supervision of elderly primigravida
O09.521-O09.529	Supervision of elderly multigravida
O09.811-O09.819	Supervision of pregnancy resulting from assisted reproductive technology
O24.011-O24.019, O24.111-O24.119, O24.311-O24.319, O24.811-O24.819, O24.911-O24.919	Diabetes mellitus in pregnancy
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O30.001-O30.099	Twin pregnancy
O30.101-O30.199	Triplet pregnancy
O30.201-O30.299	Quadruplet pregnancy
O31.10x+-O31.23x+	Continuing pregnancy after spontaneous abortion / intrauterine death of one fetus or more
O33.6xx+	Maternal care for disproportion due to hydrocephalic fetus
O33.7xx+	Maternal care for disproportion due to other fetal deformities
O35.0xx+	Maternal care for (suspected) central nervous system malformation in fetus
O35.1xx+	Maternal care for (suspected) chromosomal abnormality in fetus

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O35.2xx+	Maternal care for (suspected) hereditary disease in fetus
O35.3xx+	Maternal care for (suspected) damage to fetus from viral disease in mother
O35.4xx+	Maternal care for (suspected) damage to fetus from alcohol
O35.5xx+	Maternal care for (suspected) damage to fetus by drugs
O35.6xx+	Maternal care for (suspected) damage to fetus by radiation
O35.8xx+	Maternal care for other (suspected) fetal abnormality and damage
O35.9xx+	Maternal care for (suspected) fetal abnormality and damage, unspecified
O36.011+-O36.099+	Maternal care for rhesus isoimmunization
O36.111+-O36.199+	Maternal care for other isoimmunization
O36.511+-O36.599+	Maternal care for other known or suspected poor fetal growth
O40.1xx+-O40.9xx+	Polyhydramnios
O41.00x+-O41.03x+	Oligohydramnios
O69.81x+-O69.89x+	Labor and delivery complicated by other cord complications
O71.0-O71.9	Other obstetric trauma
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O98.311-O98.319, O98.411-O98.419, O98.511-O98.519, O98.611-O98.619, O98.711-O98.719, O98.811-O98.819	Other maternal infectious and parasitic diseases complicating pregnancy
O99.320-O99.323	Drug use complicating pregnancy
O99.411-O99.419	Diseases of the circulatory system 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-Q71.819	Congenital shortening of upper limb [humerus]
Q72.811-Q72.819	Congenital shortening of lower limb [femur]
Q92.0-Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified [fetuses with soft sonographic markers of aneuploidy]
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.8	Abnormal findings on diagnostic imaging of other specified body structures
Z03.73	Encounter for suspected fetal anomaly ruled out [pregnant women with known or suspected exposure to Zika virus]
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases [pregnant women with known or suspected exposure to Zika virus]
Z68.35-Z68.45	Body mass index (BMI) 35.0 -hyphen 70 or greater, adult

Ultrasound Fetal Nuchal Translucency Measure CPT® 76813 can be performed once per pregnancy if the pregnancy is 11 to 13 6/7 weeks. Do not reimburse for over-the-limit.

Routine Fetal Ultrasound (76815, 76816) that reimburse over-the-limit and must include one of the following diagnosis codes:

Diagnosis	Diagnosis Description
O09-O09.93	Supervision of high risk pregnancy
O10-O16.9	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
O20-O20.93	Hemorrhage in early pregnancy
O23-O23.93	Infections of genitourinary tract in pregnancy
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester

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O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O26-O26.849	Maternal care for other conditions predominantly related to pregnancy
O29-0-O29.93	Complications of anesthesia during pregnancy
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O35.3	Maternal care for (suspected) damage to fetus from viral disease in mother
O36.092	Maternal care for other rhesus isoimmunization, second trimester
O36.093	Maternal care for other rhesus isoimmunization, third trimester
O36.0921	Maternal care for other rhesus isoimmunization, second trimester, fetus 1
O36.0922	Maternal care for other rhesus isoimmunization, second trimester, fetus 2
O36.0923	Maternal care for other rhesus isoimmunization, second trimester, fetus 3
O36.0924	Maternal care for other rhesus isoimmunization, second trimester, fetus 4
O36.0925	Maternal care for other rhesus isoimmunization, second trimester, fetus 5
O36.0929	Maternal care for other rhesus isoimmunization, second trimester, other fetus
O36.0931	Maternal care for other rhesus isoimmunization, third trimester, fetus 1
O36.0932	Maternal care for other rhesus isoimmunization, third trimester, fetus 2
O36.0933	Maternal care for other rhesus isoimmunization, third trimester, fetus 3
O36.0934	Maternal care for other rhesus isoimmunization, third trimester, fetus 4
O36.0935	Maternal care for other rhesus isoimmunization, third trimester, fetus 5
O36.0939	Maternal care for other rhesus isoimmunization, third trimester, other fetus
O36.511+-O36.599+	Maternal care for known or suspected poor fetal growth
O36.822	Fetal anemia and thrombocytopenia, second trimester
O36.8221	Fetal anemia and thrombocytopenia, second trimester, fetus 1
O36.8222	Fetal anemia and thrombocytopenia, second trimester, fetus 2
O36.8223	Fetal anemia and thrombocytopenia, second trimester, fetus 3
O36.8224	Fetal anemia and thrombocytopenia, second trimester, fetus 4
O36.8225	Fetal anemia and thrombocytopenia, second trimester, fetus 5
O36.823	Fetal anemia and thrombocytopenia, third trimester
O36.8231	Fetal anemia and thrombocytopenia, third trimester, fetus 1
O36.8232	Fetal anemia and thrombocytopenia, third trimester, fetus 2
O36.8233	Fetal anemia and thrombocytopenia, third trimester, fetus 3
O36.8234	Fetal anemia and thrombocytopenia, third trimester, fetus 4
O36.8235	Fetal anemia and thrombocytopenia, third trimester, fetus 5
O36.822	Fetal anemia and thrombocytopenia, second trimester
O36.8221	Fetal anemia and thrombocytopenia, second trimester, fetus 1
O36.8222	Fetal anemia and thrombocytopenia, second trimester, fetus 2
O36.8223	Fetal anemia and thrombocytopenia, second trimester, fetus 3
O36.8224	Fetal anemia and thrombocytopenia, second trimester, fetus 4
O36.8225	Fetal anemia and thrombocytopenia, second trimester, fetus 5
O36.823	Fetal anemia and thrombocytopenia, third trimester
O36.8231	Fetal anemia and thrombocytopenia, third trimester, fetus 1

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O36.8232	Fetal anemia and thrombocytopenia, third trimester, fetus 2
O36.8233	Fetal anemia and thrombocytopenia, third trimester, fetus 3
	Polyhydramnios, first trimester
O40.1	
O40.2	Polyhydramnios, second trimester
O40.3	Polyhydramnios, third trimester
O40.9	Polyhydramnios, unspecified trimester
O41.0	Oligohydramnios
O41.00	Oligohydramnios, unspecified trimester
O41.01	Oligohydramnios, first trimester
O41.02	Oligohydramnios, second trimester
O41.03	Oligohydramnios, third trimester
O42.0-O42.92	Premature rupture of membranes
O44.00-O46.93	Placenta previa
O60-O77.9	Preterm labor/ Other fetal stress complicating labor and delivery
O98.8	Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium
O98.81	Other maternal infectious and parasitic diseases complicating pregnancy
O98.82	Other maternal infectious and parasitic diseases complicating childbirth
O98.83	Other maternal infectious and parasitic diseases complicating the puerperium
O98.9	Unspecified maternal infectious and parasitic disease complicating pregnancy, childbirth and the puerperium
O98.91	Unspecified maternal infectious and parasitic disease complicating pregnancy
O99-O99.89	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

Transvaginal ultrasound (76817) reimburse over-the limit for the following diagnosis:	
Diagnosis	Diagnosis Description
O09.21-O09.219	Current pregnancy with history of pre-term labor
O26.872	Cervical shortening, second trimester
O26.873	Cervical shortening, third trimester
O26.879	Cervical shortening, unspecified trimester
O30.04	Twin pregnancy, dichorionic/diamniotic
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O42.0-O42.92	Premature rupture of membranes
O43-O45.93	Placenta previa
O60.0-O60.23x9	Preterm labor
O69-O69.9XX9	Labor and delivery complicated by umbilical cord complications
Z87.51	Personal history of pre-term labor

Deny three-dimensional (3-D) rendering of obstetric ultrasound (procedure code 76376 or 76377) due to not a benefit of Texas Medicaid.	
Diagnosis	Diagnosis Description
All	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation

All	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; requiring image post processing on an independent workstation
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Related Policies and References

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