

# OB ULTRASOUND REFERENCE GUIDE

eviCore’s approach to serving the needs of an OB Ultrasound provider and member is to facilitate a single contact with eviCore per pregnancy. The provider will be able to request multiple CPT codes and/or multiple units for the entire episode of care for the member’s pregnancy. The provider will only need to contact eviCore if something changes during the pregnancy. This episodic approach should help reduce the provider’s burden; traditionally, OB US requests were transactional and had to be submitted one at a time, causing a disruption in member care.

## Clinical Guidelines

eviCore’s clinical guidelines can be found on our website (<https://www.evicore.com/provider/clinical-guidelines>). The guidelines can help direct the member to the appropriate ultrasound(s) based on the member’s indication.

## CPT Codes and Descriptions

CPT Code	Description	Typically Performed At:	Pregnancy Category
76801	First Trimester Complete Ultrasound	<14 Weeks	High Risk
76802	First Trimester Complete Ultrasound-for each additional gestation	<14 Weeks	High Risk
76805	Fetal Anatomy Ultrasound	>= 16 Weeks	Low Risk
76810	Fetal Anatomy Ultrasound-for each additional gestation	>= 16 Weeks	Low Risk
76811	Detailed Fetal Anatomy Ultrasound	>=16 Weeks	High Risk
76812	Detailed Fetal Anatomy Ultrasound-for each additional gestation	>=16 Weeks	High Risk
76813	Fetal Nuchal Translucency	11-14 Weeks	Low or High Risk
76814	Fetal Nuchal Translucency-for each additional gestation	11-14 Weeks	Low or High Risk
76815	Quick Look Ultrasound (can be used for a modified BPP)	Varying Intervals*	High Risk
76816	Follow-Up Ultrasound, Growth Ultrasound (Biometry)	Varying Intervals*	High Risk
76817	Transvaginal Ultrasound	Varying Intervals*	High Risk
76818	Biophysical Profile (With Non-Stress Test)	Varying Intervals*	High Risk
76819	Biophysical Profile (Without Non-Stress Test)	Varying Intervals*	High Risk
76820	Umbilical Artery Doppler	Varying Intervals*	High Risk
76821	Middle Cerebral Artery Doppler	Varying Intervals*	High Risk
76825	Fetal Echocardiography	>16 Weeks	High Risk
76826	Follow-Up Fetal Echocardiography		High Risk
76827	Doppler Fetal Echocardiography	>16 Weeks	High Risk
76828	Follow-Up Doppler Fetal Echocardiography		High Risk
	*Please refer to our guidelines for the specific indication being requested		

## Creating a Case on eviCore.com

Cases can be started via phone, fax, or our web portal. eviCore recommends starting cases on our web portal because this is the fastest form of initiation for the provider. Please note that our clinical survey questions could change over time, so the screenshots pictured below serve as only potential examples of questions that you will be asked.

Once you log-on to the eviCore web portal, you will:

- Select “Request a clinical certification/procedure”
- Select “Radiology and Cardiology” from the Clinical Certification page
- Select the practitioner or group for whom you want to build a case
- Select the health plan that this member belongs to
- Verify the provider information and enter contact information
- State whether this procedure has been performed or not
- Enter the member information (ID, DOB, last name)
- Select “OBUS” from the Radiology Procedures drop-down screen and enter the diagnosis code(s):

### Clinical Certification

This procedure has not been performed. [CHANGE](#)

#### Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]  
OBUS ▾ OB Ultrasound ▾  
Don't see your procedure code or type of service? [Click here](#)

#### Diagnosis

Primary Diagnosis Code: Z34.82  
Description: **Encounter for supervision of other normal pregnancy, second trimester**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Radiology*  
 [LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

- Confirm your service selection and select continue.

### Clinical Certification

Confirm your service selection.

**Procedure Date:** TBD  
**CPT Code:** OBUS  
**Description:** OB Ultrasound  
**Primary Diagnosis Code:** Z34.82  
**Primary Diagnosis:** Encounter for supervision of other normal pregnancy, second trimester  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

- Search and select the site at which this procedure will be performed.
- Select “Continue” from the below screen.

**Clinical Certification**

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.**

Cancel Back Print Continue

- Select whether or not the case is Routine/Standard.

**Clinical Certification**

Is this case Routine/Standard?

Yes No

- Select “SUBMIT” from the below screen.

**Clinical Certification**

Please Click Submit

SUBMIT

Cancel Print

- If there have been any other requests for OBUS within the previous 270 days on file for this member, you will receive the following question. Please answer this question appropriately. If this is the first request for OBUS for this member, you will not receive this screen.

**Clinical Certification**

It appears there is a same or similar request on file for this member. Is this request for a new or existing pregnancy? If you are unsure what procedures have been requested for this pregnancy, please put the Member ID and DOB in the authorization lookup tab on our portal.

Existing New

SUBMIT

Finish Later

**Did you know?**  
You can save a certification request to finish later.

Cancel Print

- Depending on the health plan, state, and/or line of business, prior authorization may not be required for certain CPT codes. If you are unsure if these CPT codes have been performed or not, select “Continue with medical necessity review.” If you choose “Withdraw,” the case will not be reviewed.

### Clinical Certification

This member does not require prior authorization for the FIRST THREE Ultrasound requests for a unique pregnancy. Would you like to withdraw the case or continue with medical necessity review?

Continue with medical necessity review  Withdraw

Finish Later

**Did you know?**  
You can save a certification request to finish later.

- Answer the clinical questions that will appear on your screen (the following are examples, and may change over time). For OB Ultrasound requests, it is crucial to include all of the necessary clinical information at the time the request is placed with eviCore. If eviCore receives all of the required information at the time of the request, this will expedite the review process so that a decision can be made more quickly. If eviCore does not receive all the key information (for example, the expected delivery date, current gestational age, gestational age on the planned date of service, etc.), we must do an outreach to obtain this information. If the ordering provider can not enter all of the necessary information that is listed in our clinical survey, they should select the finish later option and upload or fax in the necessary clinical once they have it.

### Clinical Certification

**Please provide the following information concerning this pregnancy:**

What is the expected date of delivery?

How many babies are in this pregnancy?

Is this a standard low risk pregnancy? **NOTE: If this is a one time request for an acute issue (e.g., abdominal pain, abdominal trauma, decreased fetal movement, vaginal bleeding etc.) please select No.**

Yes  No

Finish Later

**Did you know?**  
You can save a certification request to finish later.

- You will be asked if this is a standard low-risk pregnancy; please select “Yes” or “No.”
  - If you select “No,” you will be asked to select the high-risk condition related to this pregnancy.
  - If you select “Other high risk indication not listed,” you will be asked to type in the indication. Please ensure you upload the pertinent clinical documentation if you do not see your indication listed, so that clinical review can be completed efficiently and effectively.
- Select the CPT code(s) that you want to perform for this pregnancy (the codes will be displayed on multiple screens; select “SUBMIT” until you see the CPT code(s) that you want to request).

**Clinical Certification**

Please review Sections 1-3 on the following pages, Selecting ONLY the CPTs being requested for this pregnancy.

**Section 1 of 3:**

If multiple babies, additional gestation CPT codes will be automatically added.

Section 1A: typically or commonly associated with LOW risk pregnancies  
 76805 Fetal Anatomy Ultrasound, greater than or equal to 16 weeks, (76810 if multiple babies)

Section 1B: typically or commonly associated with HIGH risk pregnancies  
 76801 First Trimester Complete Ultrasound, less than 14 weeks, (76802 if multiple babies)  76811 Detailed Fetal Anatomy Ultrasound, greater than or equal to 16 weeks, (76812 if multiple babies)

Section 1C: typically or commonly associated with ALL pregnancies  
 76813 Fetal Nuchal Translucency, 11 to 14 weeks, (76814 if multiple babies)

**Section 2 of 3:**

These studies may sometimes be repeated at varying intervals. For those studies being requested, you will be asked to enter in the number of times you plan to perform the study, the starting gestational age and frequency for this plan of care:

The following codes are typically or commonly associated with HIGH risk pregnancies.

76815 Quick Look Ultrasound (can also be used for a modified Biophysical Profile - BPP)  76819 Biophysical Profile (WITHOUT Non-Stress Test - NST), greater than 32 weeks  
 76816 Follow Up Ultrasound, Growth Ultrasound (Biometry), May be indicated after a Fetal Anatomy Scan  76820 Umbilical Artery Doppler, greater than 22 weeks  
 76817 Transvaginal Ultrasound  76821 Middle Cerebral Artery Doppler - MCA  
 76818 Biophysical Profile (WITH Non-Stress Test - NST), greater than 32 weeks

**Clinical Certification**

**Section 3 of 3:** Please select ONLY the CPTs being requested for this pregnancy.

76825 Fetal Echocardiography, greater than 16 weeks  76827 Doppler Fetal Echocardiography, greater than 16 weeks  
 76826 Follow Up Fetal Echocardiography  76828 Follow Up Doppler Fetal Echocardiography

- Once you select the CPT code(s) you want to perform, you will be asked to enter in the gestational age at which you plan to perform the specific CPT codes.

**Clinical Certification**

For 76825 Fetal Echocardiography, greater than 16 weeks, Please provide the following:

What gestational age do you plan to perform 76825?

- Certain CPT codes can be performed multiple times and at multiple intervals; for those scenarios you will also receive the following questions:

**Clinical Certification**

For 76815 Quick Look Ultrasound (can also be used for a modified Biophysical Profile - BPP), Please provide the following:

Do you plan to perform this study during different trimesters?

Yes  No

**Clinical Certification**

The first 76815 will be performed at what gestational age?

How often do you intend to perform 76815?

How many times do you plan to perform the 76815 Ultrasound?

**Clinical Certification**

Please select the high risk condition related to this pregnancy:

Advanced Maternal Age

Pre-Gestational Diabetes

Previous C-Section or history of uterine scar

Obesity

History of previous Preterm delivery

Multiple Gestations

Illicit or recreational drug use (including tobacco and alcohol)

Maternal Health Conditions (including infections)

Current Pregnancy Related Risk Factors

Previous Pregnancy Related Risk Factors

Other high risk indication not listed

There are NO high risk indications for this pregnancy

- If you choose one of the specific indications that are listed, you will be presented indication-specific questions, such as the following (this is an example pinpointing Illicit or recreational drug use, including tobacco and alcohol, and history of previous pre-term delivery).
- Illicit or recreational drug use:

Please select ALL substances being used. (Select all that apply)

Cocaine  Alcohol

Heroin  Molly/Ecstasy

Methadone  10 or more cigarettes (1/2 pack per day)

Subutex  Maternal history of IV drug abuse

Opioids (hydrocodone, oxycodone, etc)  Other substance not listed

- History of previous Preterm delivery:

### Clinical Certification

**i** At what gestational age was the prior pre-term delivery or premature rupture of membranes?

- If your request requires additional review, you will receive the following screen. Please note that uploading additional information will typically shorten the review time.

### Clinical Certification

**i** Is there any additional information specific to the member's condition you would like to provide?

I would like to upload a document after the survey

I would like to enter additional notes in the space provided

I would like to upload a document and enter additional notes

I have no additional information to provide at this time