

Subject: Obstetric Ultrasound, 3D, 4D or 5D

Medical Policy #: 15.4

Status: Reviewed

Original Effective Date: 08/15/2005

Last Review Date: 01-25-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

A three-dimensional (3D) ultrasound takes thousands of images at once, which are stored and shaded to make a lifelike 3D image. A four-dimensional (4D) image is similar to a 3D image, but it also shows movement. A five-dimensional (5D) image shows fetus in the flesh tone look.

Coverage Determination

Non-covered: Rendering of three-dimensional (3DUS), four-dimensional (4DUS) or five dimensional (5DUS) **for obstetrical** ultrasonography, is not a covered benefit for **Commercial, Medicaid and Medicare**. PHP considers these technologies experimental, not supported in medical literature when used for obstetric clinical utility.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Considered experimental when used to report (3D), (4D) or (5D) for obstetrical ultrasonography:
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
76499	Unlisted diagnostic radiographic procedure (requires additional report/information to be submitted)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Director: Ana Maria Rael MD

Date Approved: 01-25-2023

Reviewed by:

1. Sahar Chavez, MD, Medical Director and OB specialist, 12/24/2020

References

1. Pub Med, American College of Obstetricians and Gynecologists; ACOG Committee on Practice Bulletins— Obstetrics and the American Institute of Ultrasound in Medicine. [Practice Bulletin No. 175: Ultrasound in Pregnancy](#) December 2016, Volume 128 (6), p e241–e256. [Cited 11/22/2022]
2. Senate [Bill 309](#), 54th Legislature- State of New Mexico, First session 2019, Prohibiting Prior Authorization. [Cited 11/22/2022]
3. Aetna, Ultrasound for Pregnancy, Number 0199, Next Review: 02/09/2023. [Cited 11/22/2022]
4. CMS, LCD 3D Interpretation and Reporting of Imaging Studies, LCD (L35408), revision date 10/31/2019, R5; related LCA (A56526), revision date: 11/14/2019, R2 [Cited 11/22/2022]

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Publication History

- 05-25-16: Annual Review. Hayes reviews of 3D/4D Ultrasounds have been archived. No new reviews are on the website.
- 09-27-17: Annual Review. Hayes reviews of 3D/4D Ultrasounds have been archived. No new reviews are on the website.
- 11-20-19: Annual Review. Now using ACOG as Hayes has been retired. Added 5D to policy and CPTs applicable to non-covered 3D, 4D and 5D ultrasounds.
- 01-27-21 Annual review. Reviewed by PHP Medical Policy Committee on 01/06/2020. No criteria change, just refined language: Removed two-dimensional (2D) language from the title and throughout policy since policy is only for three-dimensional, four-dimensional or five-dimensional obstetrical ultrasonography. PHP considers 3D, 4D and 5D experimental and investigational therefore are not a covered benefit for all LOB. Codes 76376, 76377 and 76499 will be set to deny as investigational for all LOB.
- 01-26-22: Annual review. Reviewed by PHP Medical Policy Committee on 12/08/2021. No Change. Continue non-coverage for three-dimensional (3DUS), four-dimensional (4DUS) or five dimensional (5DUS) when used for obstetrical. All previous configuration for CPT 76376 and 76377 has been removed since 3D ultrasound uses the same CPT codes for other conditions.
- Unrelated to Obstetric:**
Coverage for 3D ultrasound codes 76376 and 76377) will be covered for other conditions that is unrelated to obstetric. Only those diagnoses listed in Novitas LCA (A56526), 3D Interpretation and Reporting of Imaging Studies, (the related LCD L35408) will be considered medically necessary. The use of these codes will be covered for Medicare, Medicaid and Commercial and will be set to pay according to LCA (A56526) rules.
- CPT codes 76376 and 76377 are allowed only when billed in conjunction with another computed tomography, magnetic resonance imaging or other tomographic modality procedure codes.
 - All primary diagnosis codes must be related to the primary procedural code when rendered for the 3D reconstruction. The use of these diagnosis codes implies the medical necessity of the 3D rendering and interpretation,
 - Use the secondary diagnosis that most closely represents the body area that is to be 3-D imaged (implies medical necessity for 3-D rendering and interpretation).
 - CPT code 76377 is reported when the 3D post-processing images are reconstructed on an independent workstation with concurrent physician supervision.
- 01-25-23: Annual review. Reviewed by PHP Medical Policy Committee on 11/23/2022. No Change. Continue non-coverage for three-dimensional (3DUS), four-dimensional (4DUS) or five dimensional (5DUS) when used for obstetrical. All previous benefit configuration in HRP denies codes 76376 and 76377 as not a covered maternity benefit when the maternity diagnosis codes are the primary diagnosis as determined on last review.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.