

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

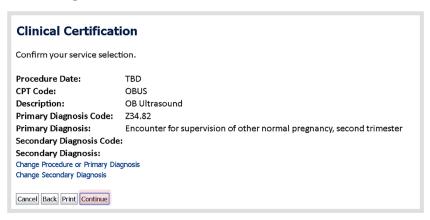
Cases can be started via phone, fax, or our web portal. eviCore recommends starting cases on our web portal because this is the fastest form of initiation for the provider. Please note that our clinical survey questions could change over time, so the screenshots pictured below serve as only potential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

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

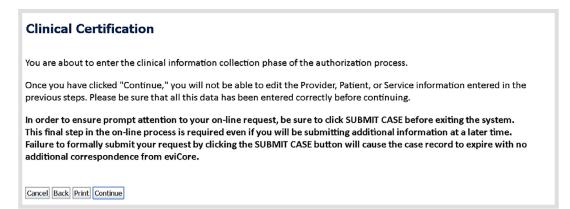
- Select "Request a clinical certification/procedure"
- · Select "Radiology and Cardiology" from the Clinical Certification page
- · Select the practitioner or group for whom you want to build a case
- · Select the health plan that this member belongs to
- · Verify the provider information and enter 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):



· Confirm your service selection and select continue.



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



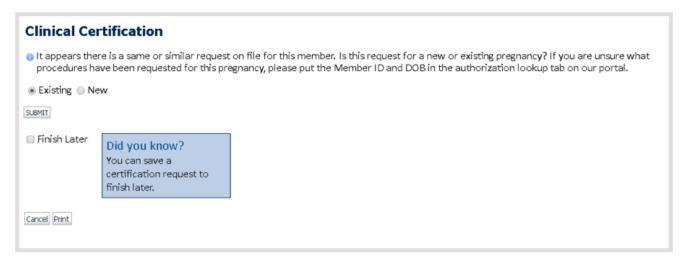
• Select whether or not the case is Routine/Standard.



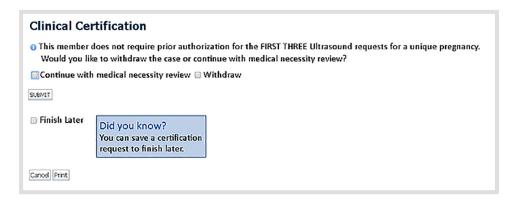
· Select "SUBMIT" from the below screen.



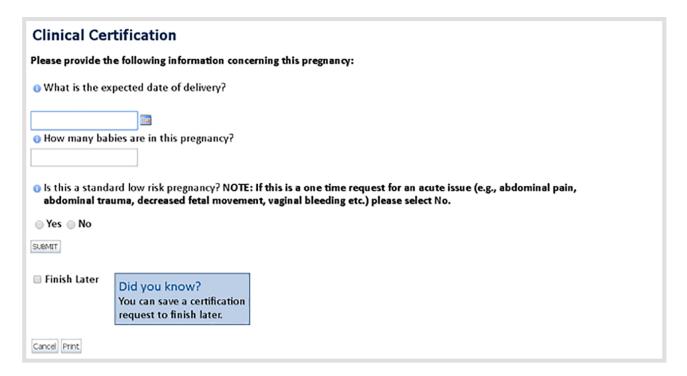
• If there have been any other requests for OBUS within the previous 270 days on file for this member, you will receive the following question. Please answer this question appropriately. If this is the first request for OBUS for this member, you will not receive this screen.



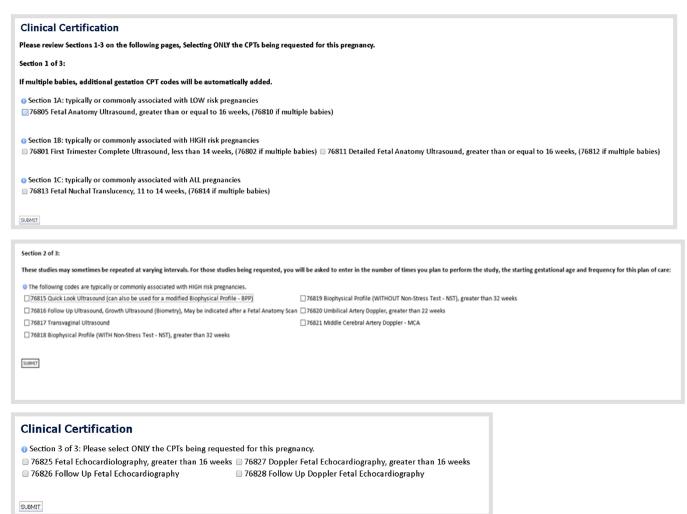
• Depending on the health plan, state, and/or line of business, prior authorization may not be required for certain CPT codes. If you are unsure if these CPT codes have been performed or not, select "Continue with medical necessity review." If you choose "Withdraw," the case will not be reviewed.



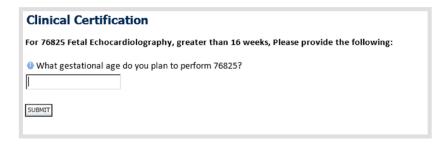
• Answer the clinical questions that will appear on your screen (the following are examples, and may change over time). For OB Ultrasound requests, it is crucial to include all of the necessary clinical information at the time the request is placed with eviCore. If eviCore receives all of the required 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.



- 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 you 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).



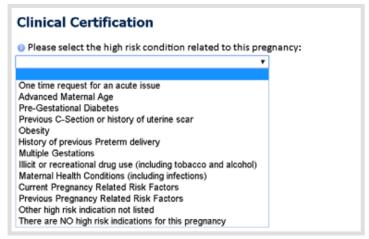
• Once you select the CPT code(s) you want to perform, you will be asked to enter in the gestational age at which you plan to perform the specific CPT codes.



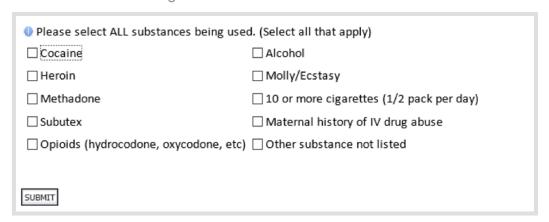
• Certain CPT codes can be performed multiple times and at multiple intervals; for those scenarios you will also receive the following questions:







- 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:



• History of previous Preterm delivery:

Clinical Certification	
At what gestational age was the prior pre-term delivery or premature rupture of membranes?	
SUBMIT	

• 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		
Is there any additional information specific to the member's condition you would like to provide?		
OI would like to upload a document after the survey		
OI would like to enter additional notes in the space provided		
OI would like to upload a document and enter additional notes		
OI have no additional information to provide at this time		
SUBMIT		