

FETAL NON-STRESS TEST WITH OR WITHOUT ULTRASOUND

Policy # 37

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

A fetal non-stress test is the monitoring of a developing baby's heart rate during an approximate 20-minute period of time. It is, however, not unusual for this simple and painless procedure to run as long as an hour or more. Two belts are placed around the mother's waist to record uterine activity and the baby's heart rate in conjunction with that activity. This test can be done at any time during the pregnancy, though, it is most frequently done during the third trimester.

Commercial Plan Policy

SelectHealth **will cover this service based on the criteria below:**

- A non-stress test can be reported as an independent service when medically indicated. Medical indications for this service could be, but not limited to, the following: a) the pregnancy is high-risk; b) the pregnancy has gone beyond the due date; c) the mother has diabetes or high blood pressure; e) the baby appears small; f) the baby is more, or less, active than normal; g) there is too much, or too little, amniotic fluid around the baby; h) multiple gestation. In these cases, there should be a non-stress test report.
- For non-stress testing performed on multiple gestations, the test for the first fetus should be reported using code 59025 with additional tests for the each additional fetus reported using code 59025 with modifier *76 Repeat Procedure or Service by Same Physician*. The appropriate diagnosis showing multiple gestation should also be used. A provider could also bill the procedure with a -22 modifier in which an additional 50% could be allowed if documentation supports the -22 modifier.
- A non-stress test can be done as part of a more detailed service (76818), known as a Biophysical Profile (BPP), which is an ultrasound that closely evaluates: fetal breathing movements (one or more episodes of rhythmic fetal beating movements of 30 seconds or more within 30 minutes); fetal movements (three or more discrete body or limb movements within 30 minutes); fetal tone (one or more episodes of extension of fetal extremity with return to flexion); quantification of amniotic fluid volume, and includes a non-stress test. In this case, the documentation of the non-stress test should be incorporated within the text of the dictated ultrasound report and should not be billed independently.

In some cases, a clinician may request a non-stress test to evaluate the baby's heart rate and an ultrasound for amniotic fluid volume (typically billed with 76815 or 76816), or other fetal ultrasound services. When this occurs, both tests should be independently documented in the

patient record and the -59 modifier should be attached to the second service or procedure. A dictated report is required for the ultrasound for the professional service to be payable.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy**

Applicable Codes	Descriptions
59025	Fetal non-stress test
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery

76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study

Sources

1. *Current Procedural Terminology (CPT®)*, (2017) – American Medical Association
2. ICD-10-CM Coding Guidelines. (2017, January 1). Retrieved August 14, 2017, from <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf>
3. *Surgery: Maternity Care and Delivery*, Q&A, CPT Assistant – December 2008, Volume 18, Issue 12, pp. 6-11 EncoderPro 2014
4. CMS. (2006, July 14). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved August 12, 2014, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

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