



Medical Management Guideline

Title: 3D Fetal Ultrasonography	Pages: 2
Department: Medical Management	Subsection:
Policy Reference: <ol style="list-style-type: none"> www.uptodateonline.com Routine Prenatal Ultrasonography as a Screening Tool. Michailidis GD, MD, Papageorgiou P, MD, Morris R W, PhD, Economides D L, MD, FRCOG. The Use of Three-Dimensional Ultrasound for Fetal Gender Determination in the First Trimester. The British Journal of Radiology, (2003) 76; 448-451 www.uptodateonline.com Ultrasound Examination in Obstetrics and Gynecology. www.hayesinc.com Three-dimensional and Four-Dimensional Ultrasound for Extrafetal and Maternal Structures in Pregnancy 	Effective Date: February 01, 2010
Purpose: Define current and up-to-date policy guidelines for the authorization of three dimensional (3D) fetal ultrasonography.	

POLICY STATEMENT: Prenatal ultrasonography is a common procedure used during pregnancy to determine expected date of delivery, fetal growth, placental position, congenital anomalies, twin gestation, and other condition related to pregnancy. (1) With the development and introduction of 3-dimensional fetal ultrasonography, this modality is being used to supplement 2-dimensionsal ultrasonography for determining fetal viability, comprehensive anatomical and chromosomal abnormalities. (2) While 3D ultrasonography may reduce scanning time and better demonstrate anatomical features of the placenta and fetus, the indications for its use have not been well defined. (3) The Hayes Directory has assigned the use of 3D ultrasonogogrpahy a rating of D for the measurement of placental vessels, prediction of risk for preterm delivery, and examination of the umbilical cord or placenta. (4)

OPERATING PROTOCOL:

3-Dimensional ultrasonography may be approved for any of the following:

- Abnormality is detected on 2-D US and further assessment with 3-D US would change course of treatment
- 2-D US is equivocal for an abnormality and 3-D US is necessary for further evaluation to facilitate appropriate management
- 3-D US is necessary for a determined course of treatment of surgery

REVISION HISTORY

Date	Reason for Change
10/18/2010	Updated reviewers
2/1/2010	New Criteria

Reviewed and Approved by: (Signatures on file)

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