Name of Blue Advantage Policy:
Biophysical Fetal Profile

Policy #: 232
Category: Obstetrics
Latest Review Date: June 2008
Policy Grade: Active Policy but no longer scheduled for regular literature reviews and updates.

Background:
Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. Safe and effective;
2. Not experimental or investigational*;
3. Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:
   • Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition or to improve the function of a malformed body member;
   • Furnished in a setting appropriate to the patient’s medical needs and condition;
   • Ordered and furnished by qualified personnel;
   • One that meets, but does not exceed, the patient’s medical need; and
   • At least as beneficial as an existing and available medically appropriate alternative.

*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill Original Medicare for covered services that are related to clinical trials that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).
**Description of Procedure or Service:**

The three most common methods used to evaluate fetal well-being in utero are the nonstress test (NST), contraction stress test (CST), and biophysical profile (BPP).

The indications for antepartum fetal surveillance are multiple and reflect conditions that are associated with increased fetal morbidity and mortality. Conditions that lead to fetal hypoxia, uteroplacental insufficiency, and death are all indications for increased fetal surveillance. No absolute protocols have been established for increased fetal surveillance, but certain practices are accepted for given maternal-fetal risks. For instance, weekly antenatal testing beginning the 32nd week of gestation is often performed in women with low to moderate risk, such as those with gestational diabetes, chronic hypertension, or mild preeclampsia. For women with a higher risk of abnormal outcome, earlier and more frequent antenatal testing is indicated.

Most often the NST is used as the primary tool in antepartum fetal surveillance. It has been used to document second- and third-trimester fetal well-being for the past 40 years. The NST serves as a surrogate measure of the developing fetal autonomic nervous system and the adequacy of uteroplacental function.

The NST is more specific than sensitive and is thus a better indicator of fetal health than fetal illness. The test itself is read as reactive or nonreactive and may be repeated at intervals as a screen for high-risk maternal conditions. A reactive or reassuring NST is defined as one with at least two accelerations in a 20-minute period above the baseline fetal heart rate of 15 beats per minute for 15 seconds. If a reactive pattern is not present at the end of the first 20 minutes, attempts may be made to arouse the fetus. Fetal rest periods, which are reported to be 30 to 40 minutes in duration, must be excluded for the fetus to demonstrate a reactive NST. Because fetuses can have normal sleep cycles lasting up to 40 minutes, an NST might require over an hour to complete if it is initially nonreactive. It is important to differentiate whether a nonreactive tracing truly represents a compromised fetus versus a temporary behavioral state.

The absence of fetal accelerations described earlier along with the exclusion of a fetal sleep state denotes a nonreactive test. No contraindications to the NST as a primary screening tool are known, and it is easily reproducible, relatively inexpensive, and acceptable to most patients.

Maternal narcotics, extreme prematurity, and fetal cardiac or central nervous system anomalies may also be responsible for a nonreactive NST. A nonreactive NST without fetal heart rate decelerations does not indicate fetal jeopardy but should be viewed as an indication for further evaluation. This evaluation may take the form of a CST or a BPP.

A biophysical fetal profile (BPP) is an ultrasonographic assessment of fetal well-being. It was originally designed to mimic the Apgar score for postnatal assessment. The BPP is technically more difficult to perform and interpret but provides a greater degree of certainty of fetal well-being. During a 30-minute examination, certain behavioral patterns associated with a healthy fetus are documented. The test has five different components, each worth two points (See table below). Indicators such as amniotic fluid volume, fetal breathing, fetal heart rate, movement, and tone are evaluated. A score of 8 or 10 is reassuring, a score of 6 is suspicious and indicates a need for further evaluation, and a score of 4 or less is ominous and indicates a need for
immediate intervention. A low score may also reflect the fetus’s behavioral state during the test, such as normal sleep or sedation from maternal use of narcotics or central nervous system depressants. However, a decreasing score has been well correlated with poor outcome and with increasing degrees of fetal acidemia.

The modified BPP consists of the nonstress test (NST) and the amniotic fluid index. It has proved to be an excellent means of fetal surveillance in patients at increased risk for poor perinatal outcome and small-for-gestational-age infants. It has been proven to be as effective as a full BPP in assessing fetal well-being.

### Components of the Biophysical Profile

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Normal (Score = 2)</th>
<th>Abnormal (Score = 0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonstress test</td>
<td>Two or more accelerations of at least 15 bpm above baseline for at least 15 sec</td>
<td>Fewer than 2 accelerations of sufficient height and duration</td>
</tr>
<tr>
<td>Amniotic fluid volume</td>
<td>At least 1 amniotic fluid pocket greater than or equal to 2 × 2 cm in perpendicular plane</td>
<td>No 2 × 2-cm pockets or AFI &lt;5.0</td>
</tr>
<tr>
<td>Fetal breathing movements</td>
<td>Sustained fetal breathing for at least 30 sec</td>
<td>Less than 30 sec of fetal breathing</td>
</tr>
<tr>
<td>Fetal body movements</td>
<td>At least 3 limb or gross body movements</td>
<td>Fewer than 3 limb or body movements</td>
</tr>
<tr>
<td>Fetal tone</td>
<td>Extremities in flexion at rest and at least 1 episode of extension of the extremity or spine with return to flexion</td>
<td>Extension at rest or no return to flexion after movement</td>
</tr>
</tbody>
</table>

NOTE: Scoring of the latter four components is done ultrasonographically in a 30-minute observation period. A total score of 8 to 10 is reassuring, a score of 6 is suspicious, and a score of 4 or less is ominous.

AFI, amniotic fluid index (the sum of the largest vertical pocket in each of four quadrants of the uterus).

### Policy:

**Effective for dates of service on or after October 14, 2005:**

Blue Advantage will treat fetal biophysical profile as a covered benefit for patients at or after 32 weeks gestation with an increased risk of fetal demise. Conditions associated with an increase risk of fetal demise include:

- Hypertensive disorders,
- Insulin dependent diabetes mellitus,
- Poorly controlled hyperthyroidism,
- Hemoglobinopathies,
- Cyanotic heart disease,
- Systemic lupus erythematosus,
• Antiphospholipid syndrome,
• Chronic renal disease,
• Hemorrhage,
• Thyroid disease,
• Severe hypoxic lung disease,
• Inflammatory bowel disease,
• Warfarin (Coumadin, Panwarfin),
• Phenytoin (Dilantin),
• Infections:
  o Syphilis
  o Cytomegalovirus
  o Toxoplasmosis
  o Rubella
  o Parvovirus B19
  o Hepatitis B
  o Herpes simplex virus (HSV-1 or HSV-2)
  o HIV-1
• Substance abuse,
• Pregnancy-related conditions which might include:
  o Decreased fetal movement,
  o Oligohydramnios,
  o Polyhydramnios,
  o Intrauterine growth restriction,
  o Post term pregnancy,
  o Fetal cardiac arrhythmias,
  o Fetal chromosomal anomalies,
  o Previous fetal demise (unexplained or recurrent risk),
  o Multiple gestations with significant growth discrepancy.

Individual consideration will be given to extremely high-risk pregnancy for BPP to begin at 24 weeks gestation.

Individual consideration will be given to BPPs performed more often that every seven days.

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*
**Key Points:**
In the past, many studies have used fetal biophysical testing, regardless of the underlying pathophysiologic condition. Evidence-based observations have shown that there are different pathophysiologic processes that may place the fetus at risk and that the efficacy of the various fetal tests depends on the underlying pathophysiologic condition. The pathophysiologic processes that can cause fetal death or damage are decreased uteroplacental blood flow, decreased gas exchange at the trophoblastic membrane level, metabolic processes, fetal sepsis, fetal anemia, fetal heart failure, and umbilical cord accidents. Table II lists the conditions that can be associated with these pathophysiologic processes.

<table>
<thead>
<tr>
<th>Pathophysiologic process</th>
<th>Maternal/fetal condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased uteroplacental blood flow</td>
<td>Chronic hypertension</td>
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<tr>
<td></td>
<td>Preeclampsia</td>
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<tr>
<td></td>
<td>Collagen/renal/vascular disease</td>
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<tr>
<td></td>
<td>Most cases of fetal growth restriction (i.e., &lt;32-34 wk)</td>
</tr>
<tr>
<td>Decreased gas exchange</td>
<td>Postdates pregnancy, some fetal growth restricted cases (i.e., &gt;32-34 wk)</td>
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<tr>
<td>Metabolic aberrations</td>
<td>Fetal hyperglycemia</td>
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<td></td>
<td>Fetal hyperinsulinemia</td>
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<tr>
<td>Fetal sepsis</td>
<td>PROM</td>
</tr>
<tr>
<td></td>
<td>Intra-amniotic infection</td>
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<tr>
<td></td>
<td>Maternal fever, primary subclinical intra-amniotic infection</td>
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<tr>
<td>Fetal anemia</td>
<td>Fetomaternal hemorrhage</td>
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<tr>
<td></td>
<td>Erythroblastosis fetalis</td>
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<tr>
<td></td>
<td>Parvovirus B19 infection</td>
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<tr>
<td>Fetal heart failure</td>
<td>Cardiac arrhythmia</td>
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<td></td>
<td>Nonimmune hydrops</td>
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<tr>
<td></td>
<td>Placental chorioangioma</td>
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<td></td>
<td>Aneurysm of the vein of Galen</td>
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<tr>
<td>Umbilical cord accident</td>
<td>Umbilical cord entanglement (monoamniotic twins)</td>
</tr>
<tr>
<td></td>
<td>Velamentous cord insertion/Funic presentation</td>
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<tr>
<td></td>
<td>Noncoiled umbilical cord</td>
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</tbody>
</table>
### Table II. Maternal/fetal conditions and their underlying pathophysiologic condition

<table>
<thead>
<tr>
<th>Pathophysiologic process</th>
<th>Maternal/fetal condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oligohydramnios</td>
<td></td>
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</tbody>
</table>

### Indications for Delivery based on the Biophysical Profile:
- BPP<2
- BPP=4 at >32 weeks
- BPP=4<32 weeks; repeat same day; induce if <6
- BPP=6 with normal amnionic fluid index (AFI), >36 weeks with favorable cervix
- BPP=8 with oligohydramnios
- BPP=6 at <36 weeks and cervix unfavorable; repeat in 24 hours; induce if <6; follow if >6

**June 2008 Update**
No new literature was located that would alter the policy statement.

### Key Words:
Biophysical profile, fetal biophysical profile, modified biophysical profile

### Approved by Governing Bodies:
Not applicable

### Benefit Application:
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

### Current Coding:
- CPT codes: 76818 Fetal biophysical profile; with non-stress testing
- 76819 ;without non-stress testing

### References:

Policy History:
Adopted for Blue Advantage, August 2005
Available for comment August 30-October 13, 2005
Medical Policy Group, June 2008
Medical Policy Group, September 2012 (3): Effective September 14, 2012 this policy is no longer scheduled for regular literature reviews and updates.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.