

Updated Obstetrical Ultrasound Reimbursement Policy: Quantity Limitations – Effective June 1, 2020

Starting **June 1, 2020**, UnitedHealthcare Community Plan of Mississippi will change the existing Obstetrical Ultrasound policy to further align with Medicaid guidelines, which state that:

- A detailed ultrasound fetal anatomic examination is considered medically unnecessary for a routine screening of a normal pregnancy.
- Ultrasounds that are done only to determine the fetal sex or provide parents with a photograph of the fetus are **not** considered medically necessary.

We'll implement the following guidelines for claims processed on or after June 1, 2020:

- We'll cover the first three obstetrical ultrasounds per pregnancy.
- We'll only cover the fourth and subsequent obstetrical ultrasound procedures for members identified as high risk.
- You must include a diagnosis code from the [UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list](#) on any claims you submit for high-risk members.
- We'll deny claims for a fourth or subsequent obstetrical ultrasound procedure if you don't include one of the codes on that list.

You can find the policy at [UHCprovider.com](#) > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan > [Obstetrical Ultrasound Policy, Professional](#).

We're Here to Help

If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate. Thank you.

Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.