

Claims Clarification: Obstetric Ultrasound

UnitedHealthcare Community Plan in Texas is sharing this information from the Texas Health and Human Services Commission so you know what the state requires when billing for an obstetric ultrasound.

Texas Medicaid allows three obstetric ultrasounds per pregnancy. Any additional ultrasound performed during the same pregnancy is required to be medically necessary to allow payment for the services.

We consider ultrasounds not medically necessary if done solely to determine the fetal sex, or to provide parents with a view and photograph of the fetus. Detailed ultrasound fetal anatomic examination is not considered medically necessary for routine screening of normal pregnancy.

Billing Considerations

The following codes should be used to bill for the obstetric ultrasounds during the pregnancy: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816 and 76817.

Add-on ultrasound procedure codes (76802, 76810, 76812 and 76814) will not count toward the limit of three per pregnancy when billed with the primary ultrasound procedure code. When billing the add-on codes for multiple fetuses, the services should be billed with Modifier 76 if greater than one additional fetus.

- Procedure code 76810 must be billed in conjunction with primary procedure code 76805
- Procedure code 76812 must be billed in conjunction with primary procedure code 76811
- Procedure code 76814 must be billed in conjunction with primary procedure code 76813

When a transvaginal obstetric ultrasound is performed in addition to a transabdominal examination on the same date of service, documentation is required to substantiate the need to perform both tests on the same day.

Three-dimensional (3D) rendering of obstetric ultrasound (procedure code 76376 or 76377) is not a benefit of Texas Medicaid and will not be denied.

Emergency Department and Outpatient Observation

Obstetric ultrasounds provided in the emergency department or during outpatient observation must be submitted with Modifier U6 when submitted on the professional claim form in order to be considered for reimbursement.

Ultrasounds performed in the emergency department or hospital observation will not count toward the limit of three per pregnancy.

What You Need to Do

We've developed a reimbursement policy to monitor billing for obstetric ultrasound claims submitted to help ensure that ultrasounds performed over the limit and not considered medically necessary based on the claim will be denied.

Reimbursement for obstetric ultrasounds may be considered on appeal when submitted with documentation because the:

- Ultrasound was performed for a different pregnancy
- Provider was unable to obtain the previous ultrasound records from a different provider
- Provider was new to treating the member and wasn't aware the member had already received three obstetric ultrasounds

Resources

For more information, go to tmhp.com > Providers > Medicaid Provider Manual > [Texas Medicaid Provider Procedures Manual](#) > Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook > Obstetric Services > Section 4.1.8 Obstetric Ultrasound.

We're Here to Help

If you have questions, please contact your Provider Advocate at 888-887-9003, 8 a.m. – 6 p.m., Monday – Friday. Thank you.