

Obstetrical Ultrasound Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

UnitedHealthcare Community Plan considers 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.

UnitedHealthcare Community Plan considers a fetal ultrasound with detailed anatomic examination medically necessary to evaluate the fetus for amniotic band syndrome (also known as amniotic constriction band syndrome), or if there are known or suspected fetal anatomic abnormalities, including anatomic abnormalities due to genetic conditions. There is inadequate evidence of the clinical utility of multiple serial detailed fetal anatomic ultrasound examinations during pregnancy.

UnitedHealthcare Community Plan considers detailed ultrasound fetal anatomic examination experimental and investigational for all other indications including routine evaluation of pregnant women who are on bupropion (Wellbutrin), and pregnant women who smoke or abuse cannabis. There is inadequate evidence of the clinical utility of detailed ultrasound fetal anatomic examination for indications other than evaluation of suspected fetal anatomic abnormalities.

This policy is based in part on The American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin on *Ultrasonography in Pregnancy* and guidelines from the Society for Maternal-Fetal Medicine (SMFM).

[Standard and Limited fetal ultrasounds:](#)

[Detailed fetal ultrasounds:](#)

Reimbursement Guidelines

Indications for an obstetrical ultrasound include:

- To confirm cardiac activity
- To confirm the presence of an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- As adjunct to amniocentesis or other procedures such as cervical cerclage placement, external cephalic version, chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
- To assess for certain fetal anomalies, such as anencephaly, in patients at high risk
- Follow-up evaluation of a fetal anomaly
- Determination of fetal presentation
- Estimation of gestational age
- Evaluation for abnormal biochemical markers
- Evaluation for fetal well-being
- Evaluation for premature rupture of membranes of premature labor
- Evaluation in those with a history of previous congenital anomaly
- Evaluation of abdominal and pelvic pain
- Evaluation of cervical insufficiency
- Evaluation of fetal condition in late registrants for prenatal care
- Evaluation of fetal growth
- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected fetal death
- Evaluation of suspected multiple gestation
- Evaluation of suspected placental abruption
- Evaluation of suspected uterine abnormality
- Evaluation of vaginal bleeding
- Examination of suspected hydatidiform mole
- Follow-up evaluation of placental location for suspected placenta previa
- Significant discrepancy between uterine size and clinical dates
- To assess for findings that may increase the risk of aneuploidy

ACOG recommended that in the absence of specific indications, the optimal time for an obstetric ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations. This recommendation is based primarily on consensus and expert opinion (Level C). ACOG stated that it may be possible to document normal structures before 18 weeks of gestation but some structures can be difficult to visualize at that time because of fetal size, position, and movement; maternal abdominal scars; and increased maternal abdominal wall thickness. A second or third trimester ultrasound examination, however, may pose technical limitations for an anatomic evaluation due to suboptimal imaging, and when this occurs, ACOG recommended documentation of the technical limitation and that a follow-up examination may be helpful.

ACOG uses the terms "standard" (also called basic), "limited," and "specialized" (also called detailed) to describe various types of ultrasound examinations performed during the second or third trimesters.

OB Ultrasound Limits

For claims processed on or after August 1, 2018, UnitedHealthcare Community Plan Medicaid will allow the first three obstetrical ultrasounds per pregnancy submitted with a code from the [OB ultrasound Limit CPT Codes](#) list.

Unless a different limit is outlined by the State, claims for the fourth and/or subsequent obstetrical ultrasound procedure per pregnancy must contain a high risk pregnancy diagnosis code. High risk is defined by a diagnosis code from the [UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list](#).

For place of service 23 (emergency room/department) a fourth and/or subsequent obstetrical ultrasound procedure per pregnancy must contain either an obstetrical pregnancy diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis list or a high risk pregnancy diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list

Additional Background and Sources

The Society for Maternal-Fetal Medicine (SMFM) has stated that a fetal ultrasound with detailed anatomic examination (CPT 76811) is not necessary as a routine scan for all pregnancies (SMFM, 2004). Rather, this scan is necessary for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan during pregnancy, etc.). Thus, the SMFM has stated that the performance of this scan is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities (SMFM, 2004).

A focused ultrasound assessment is sufficient for follow-up to provide a reexamination of a specific organ or system known or suspected to be abnormal, or when doing a focused assessment of fetal size by measuring the bi-parietal diameter, abdominal circumference, femur length, or other appropriate measurements (SMFM, 2004).

An ultrasound without detailed anatomic examination is appropriate for a fetal maternal evaluation of the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adnexa when visible and appropriate (SMFM, 2004).

Amniotic band sequence refers to a highly variable spectrum of congenital anomalies that occur in association with amniotic bands. Amniotic banding affects approximately 1 in 1200 live births. It is also believed to be the cause of 178 in 10,000 miscarriages. Up to 50% of cases have other congenital anomalies including cleft lip, cleft palate, and clubfoot deformity. Hand and finger anomalies occur in up to 80%. The diagnosis is based upon the presence of characteristic structural findings on prenatal ultrasound or postnatal physical examination. The diagnosis should be suspected when limb amputations or atypical body wall or craniofacial defects are present, or when bands of amnion are seen crossing the gestational sac and adherent to the fetus.

The ACOG practice bulletin on the use of psychiatric medications during pregnancy and lactation (2008) stated that atypical antidepressants are non-tricyclic antidepressants and non-selective serotonin reuptake inhibitors antidepressants that work by distinct pharmacodynamic mechanisms. The atypical antidepressants include bupropion, duloxetine, mirtazapine, nefazodone, and venlafaxine. The limited data of fetal exposure to these antidepressants do not suggest an increased risk of fetal anomalies or adverse pregnancy events. In the one published study of bupropion exposure in 136 patients, a significantly increased risk of spontaneous abortion, but not an increased risk of major malformations, was identified. In contrast, the bupropion registry maintained at GlaxoSmithKline has not identified any increased risk of spontaneous abortion, although these data have not undergone peer review.

Definitions

Standard Examination	<p>A standard ultrasound includes an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey. A standard examination of fetal anatomy includes the following essential elements:</p> <ul style="list-style-type: none"> • Abdomen (stomach, kidneys, bladder, umbilical cord insertion site into the fetal abdomen, umbilical cord vessel number) • Chest (heart) • Extremities (presence or absence of legs and arms) • Head, face and neck (cerebellum, choroid plexus, cisterna magna, lateral cerebral ventricles, midline falx, cavum septi pellucidi, upper lip)
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	<ul style="list-style-type: none"> • Sex (medically indicated in low-risk pregnancies only for the evaluation of multiple gestations). • Spine (cervical, thoracic, lumbar, and sacral spine).
Limited Examination	A limited examination does not replace a standard examination and is performed when a specific question requires investigation (e.g., to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation during labor). A limited examination may be performed during the first trimester to evaluate interval growth, estimate amniotic fluid volume, evaluate the cervix, and assess the presence of cardiac activity.
Specialized Examination	A detailed or targeted anatomic examination is performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination. Other specialized examinations might include fetal Doppler ultrasonography, biophysical profile, amniotic fluid assessment, fetal echocardiography, or additional biometric measurements. Specialized examinations are performed by an operator with experience and expertise in such ultrasonography who determines that components of the examination on a case-by-case basis.
Same Individual Physician or Other Health Care Professional	Unless otherwise specified, for the purposes of this policy, Same Group Physician and/or Other Health Care Professional includes all physicians and/or other health care professionals of the same group reporting the same federal tax identification number.

Questions and Answers

1	<p>Q: Should a Standard Ultrasound examination be used for non-obstetric gynecological conditions?</p> <p>A: For all non-obstetric gynecological conditions, such as fibroids or leiomyoma, there are specific non-obstetric abdominal/pelvic ultrasound codes to be used instead of the pregnancy related ultrasound codes.</p>
2	<p>Q: Under what circumstances will a Detailed Fetal Anatomic Ultrasound be covered?</p> <p>A: There are many reasons a detailed ultrasound is deemed payable. It is used to evaluate amniotic band syndrome and known or suspected fetal anatomic abnormalities, including those due to genetic conditions. There is a list of approved diagnoses at the end of this policy.</p>
3	<p>Q: Are detailed ultrasounds covered for pregnant women who are on bupropion (Wellbutrin) or who smoke cannabis?</p> <p>A: There is inadequate evidence to support the clinical utility of a detailed ultrasound for other than amniotic band syndrome and known or suspected fetal anatomic abnormalities so ultrasounds are not covered for pregnant women who are on bupropion or who smoke cannabis without any other indication listed within the policy.</p>
4	<p>Q: What is included in a Standard Ultrasound Examination?</p> <p>A: A standard examination is adequate for most pregnancies to provide a general anatomic fetal survey. This type of exam will establish or confirm due dates, evaluate fetal presentation, amniotic fluid volume, heart activity, placental position, number of fetuses, and screen for gross anatomic abnormalities (abdomen, chest, extremities, head, face, neck, sex, and spine).</p>
5	<p>Q: What is included in a Limited Ultrasound Examination?</p> <p>A: This does not replace the Standard exam, but is performed in order to answer a specific question such as to confirm fetal heart activity or establish fetal presentation during labor.</p>
6	<p>Q: What is included in a Detailed Ultrasound Examination?</p> <p>A: This is performed when an anomaly is suspected on the basis of history, lab tests, or the results of a Limited or Standard Ultrasound.</p>

7	<p>Q: What is the recommended gestational age for an obstetric ultrasound examination to screen for fetal anomalies?</p> <p>A: ACOG recommended that in the absence of specific indications, the optimal time for an obstetric ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations.</p>
8	<p>Q: What is the recommended gestational age for an obstetric ultrasound examination to screen for fetal anomalies?</p> <p>A: ACOG recommended that in the absence of specific indications, the optimal time for an obstetric ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations.</p>

Attachments: Please right-click on the icon to open the file

 UnitedHealthcare Community Plan Standard and Limited (Routine) Fetal OB Ultrasound CPT Codes	A list of Standard and Limited (Routine) Fetal OB ultrasound CPT codes
 UnitedHealthcare Community Plan Detailed Fetal Ultrasound CPT Codes	A list of Detailed Fetal OB ultrasound CPT codes
 UnitedHealthcare Community Plan OB Ultrasound Limit CPT codes	A list of CPT codes that must contain a high risk diagnosis code after the fourth and subsequent OB ultrasound
 UnitedHealthcare Community Plan ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List	ICD-10-CM codes covered for Standard and Limited (Routine) fetal ultrasounds if selection criteria are met.
 UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List	ICD-10-CM codes covered for Detailed fetal ultrasounds if selection criteria are met.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

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History

2/15/2021	Removed reference to other state exceptions
7/22/2019	State Exceptions section: Updated Washington
7/15/2019	Reimbursement Guidelines section: Updated the Obstetrical Ultrasound Limits Attachments section: Added the UnitedHealthcare Community Plan Medicaid ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis list State Exceptions section: Updated Michigan
6/2/2019	Attachments section: Updated the California Fetal Ultrasound Diagnosis List

5/19/2019	Attachments section: Updated the California Fetal Ultrasound Diagnosis List
3/20/2019	State Exceptions section: Added Hawaii, updated Kansas, added Maryland, added Massachusetts, added Mississippi, added Texas and added Virginia
2/17/2019	Policy Version Change Title section: Removed Annual Approval information & moved policy # to the header Attachments section: Updated the Kansas Fetal Ultrasound Diagnosis List
2/1/2019	Attachments section: Updated the Kansas description box to the right of the Kansas Fetal Ultrasound CPT List and the Kansas Fetal Ultrasound ICD-10-CM Diagnosis List
1/13/2019	Attachments section: Updated the California Fetal Ultrasound Diagnosis List
1/1/2019	Policy Version Change History section: Entries prior to 1/1/2017 archived
12/5/2018	State Exceptions section: Added exception for Arizona
11/14/2018	Annual Approval Date: Updated (No new version)
11/11/2018	Attachments section: Updated the Kansas Fetal Ultrasound Diagnosis List
11/2/2018	Attachments section: Removed the OB Ultrasound Limit exemption for Wisconsin
10/15/2018	Attachments section: Updated the Kansas Fetal Ultrasound Diagnosis List to remove expired/deleted DX codes
10/6/2018	Attachments section: Updated the Kansas Fetal Ultrasound Diagnosis List to reflect the correct DX codes
9/17/2018	Policy: Added links to the CPT Lists Questions and Answers: Added Q&A # 8 Attachment Section: Added the Standard and Limited Fetal, Detailed Fetal and OB Ultrasound Limit CPT Codes Lists
9/16/2018	Application section: Removed the verbiage and link for the provider website Attachments section: Updated the California Fetal Ultrasound Diagnosis List
8/29/2018	Additional Background and Sources section: Corrected spelling from adenexa to adnexa (No new version)
8/19/2018	State Exceptions section: Updated the Kansas exception to reflect one diagnosis codes list Attachments section: Added the Kansas Fetal Ultrasound CPT List
8/1/2018	Reimbursement Guidelines Section: OB Ultrasound Limits verbiage added State Exceptions Section: Maryland, Michigan, Washington and Wisconsin OB Ultrasound Limits added Definitions Section: Same Individual Physician or Other Health Care Professional added
7/1/2018	Attachments section: Kansas Fetal Ultrasound ICD-10-CM Diagnosis Standard and Limited Diagnosis List updated. Kansas Detailed Fetal Ultrasound ICD-10-CM Diagnosis List updated.
6/3/2018	Attachments section: Updated the UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Fetal Ultrasound Diagnosis List
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11/26/2017	Attachments section: Kansas Fetal Ultrasound ICD-10-CM Diagnosis Standard and Limited Diagnosis List updated. Kansas Detailed Fetal Ultrasound ICD-10-CM Diagnosis List updated.
11/19/2017	Annual Approval Date: Updated Attachments section: Updated the UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Fetal Ultrasound Diagnosis List
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8/20/2017	Attachments section: Updated the UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Fetal Ultrasound Diagnosis List
7/15/2017	Application section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies.
5/21/2017	Attachments section: UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List updated. Kansas Fetal Ultrasound ICD-10-CM Diagnosis Standard and Limited Diagnosis List updated. Kansas Detailed Fetal Ultrasound ICD-10-CM Diagnosis List updated.
4/20/2017	Attachments section: Updated the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List
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2/12/2017	Attachments section: Updated the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List State Exceptions section: Added Missouri Attachments section: Missouri ICD-10-CM list added
1/17/2017	State Exceptions section: Louisiana removed
1/1/2017	Policy Version Change Annual Approval Date: Updated Approved By: Updated Reimbursement Guidelines: Removed reference to ICD-9-CM Attachments: The UnitedHealthcare Community Plan ICD-10-CM Standard and Limited Routine Fetal Ultrasound Diagnosis List and the UnitedHealthcare Community Plan ICD-10-CM Detailed Fetal Ultrasound Diagnosis List were updated. All ICD-9-CM Policy Lists were removed. History Section: Entries prior to 1/1/2015 were archived
11/11/2012	Policy implemented by UnitedHealthcare Community Plan

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