


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
8/17/2006	7/2012	7/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Ultrasound for Pregnancy

B. BACKGROUND

The American College of Obstetricians and Gynecologists has stated that a detailed or targeted anatomic examination may be necessary when anomaly is suspected on the basis of history, biochemical abnormalities or clinical evaluation, or suspicious results from either limited or standard ultrasound examination.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

1. CareSource considers ultrasounds not medically necessary if done solely to determine the fetal sex, or to provide parents with a view or photograph of the fetus.
2. A fetal ultrasound with detailed anatomic examination is considered medically necessary to evaluate the fetus if there are known or suspected fetal anatomic abnormalities, including anatomic abnormalities due to genetic conditions. More than one detailed ultrasound fetal anatomic examination per pregnancy per practice is considered experimental and investigational, as there is inadequate evidence of the clinical utility of multiple serial detailed fetal anatomic ultrasounds examinations during pregnancy.
3. CareSource considers detailed ultrasound fetal anatomic examination as experimental and investigational for all other indications. Detailed ultrasound fetal anatomic examination is not considered medically necessary for routine screening of normal pregnancy.

If there is no LCD or NCD present reference the CSMG Policy for coverage.

D. REVIEW / REVISION HISTORY

Date Issued: 8/17/2006

Date Revised: 7/2007, 7/2009

Date Reviewed: 7/1/2009, 7/1/2011

E. REFERENCES

1. Bofill JA, Sharp GH. Obstetric sonography. Who to scan, when to scan, and by whom. *Obstet Gynecol Clin North Am.* 1998;25(3):465-478.
2. American College of Obstetricians and Gynecologists (ACOG), Committee on Obstetric Practice. Guidelines for Diagnostic imaging during pregnancy. ACOG Committee Opinion No. 158. Washington, DC:ACOG; September 1995.
3. American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins – Obstetrics. Ultrasonography in pregnancy. ACOG Practice Bulletin No. 58. Washington, DC: ACOG; December 2004.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.