



ADMINISTRATIVE POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Obstetrical Ultrasounds		AD-1017	05/01/2021
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that 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. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Obstetrical Ultrasounds

B. Background

Ultrasounds are a common procedure during pregnancy. The main reasons for an ultrasound are to confirm cardiac activity, estimate gestational age, determine the number of fetuses, and to identify fetal anomalies. Some pregnancies will require more ultrasounds based on factors such as age or medical history.

C. Definitions

- **Standard ultrasound** - An evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey.
- **Specialized, detailed or targeted examination** - Performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination. This is not intended to be the routine ultrasound examination performed for all pregnancies.
- **Pregnancy** - For the purpose of this policy, pregnancy begins on the date of the initial visit in which pregnancy was confirmed and extends for 280 days or 40 weeks.

D. Policy

- I. Ultrasounds should only be performed when there is a specific valid medical indication.
 - A. The timing, frequency, and type of ultrasound performed is dependent on the medical indication for the examination.
 1. Use of three-dimensional and four-dimensional ultrasound techniques requires appropriate documentation and indications.
 - B. Medical record documentation must support the medical need for the ultrasound.
- II. Frequency of ultrasounds per healthy asymptomatic low risk pregnancy
 - A. Up to three standard ultrasounds including the detailed anatomic screen with appropriate documentation per pregnancy.
- III. The following ultrasounds are not considered medically necessary:
 - A. Nonmedical use such as to determine the fetal sex or to provide parents with a view, video and/or photograph of the fetus.
 - B. Ultrasounds for growth evaluation less than 2 weeks apart.
 - C. A followup standard ultrasound in the first trimester in the absence of pain or bleeding.

NOTE: All obstetric ultrasounds claims are subject to retrospective review and CareSource reserves the right to adjust reimbursement in accordance with the policies above. The reviews include appropriate documentation of the specific components as defined by American College of Obstetricians and Gynecologists/American Institute of Ultrasound in Medicine.



E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATES		ACTION
Date Issued	01/06/2021	
Date Revised		
Date Effective	05/01/2021	
Date Archived		

H. References

1. The American College of Obstetricians and Gynecologists and American Institute of Ultrasounds in Medicine. (2016, December – Reaffirmed 2020). Ultrasound in Pregnancy practice bulletin No. 175. Retrieved December 18, 2020 from www.acog.com
2. American Academy of Family Physician. (2018), Obstetric Ultrasound Examination (Position Paper). Retrieved December 18, 2020 from www.aafp.org
3. United States Food & Drug Administration. (n.d.). Avoid Fetal “Keepsake” Image,s Heartbeat Monitors. Retrieved December 18, 2020 from www.fda.gov
4. AUM-ACR-ACOG-SMFM-SRU. (2018) Practice Parameter for the Performance of Standard Diagnostic Obstetric Ultrasound Examinations. *Journal Ultrasound Medicine*. 9999:1-12
5. American Institute of Ultrasound in Medicine. (2014). Consensus Report on the Detailed Fetal Anatomic Ultrasound Examination 76811 Task Force. *Journal Ultrasound Medicine*. 33:189-195

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