



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Obstetrical Ultrasounds - OH MCD - AD-1017	01/01/2023-01/31/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement 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.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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. Ultrasounds can confirm cardiac activity, estimate gestational age, determine the number of fetuses, and identify fetal anomalies. Some pregnancies will require more ultrasounds based on factors such as age or medical history.

C. Definitions

- **First Trimester Ultrasound** - The uterus, cervix, adnexa, and cul de sac region is examined. The presence, size, location, and number of gestational sac(s) should be evaluated, and gestational sac(s) should be examined for the presence of a yolk sac and embryo/fetus. When an embryo/fetus is present, crown-rump length and cardiac activity should be documented.
- **Pregnancy** - Pregnancy begins on the date of the initial visit in which pregnancy was confirmed and extends for 280 days or 40 weeks.
- **Second and third trimester ultrasound** - The American College of Radiology (ACR), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the Society for Maternal-Fetal Medicine (SMFM), the Society of Radiologists in Ultrasound (SRU), American College of Obstetricians and Gynecologists (ACOG), and the American Institute of Ultrasound in Medicine (AIUM) have adopted the following uniform terminology: standard, limited, and specialized .
 - A standard obstetric ultrasound examination includes:
 - Evaluation of fetal presentation and number;
 - Evaluation of amniotic fluid volume;
 - Evaluation of cardiac activity;
 - Evaluation of placental position;
 - Evaluation of fetal biometry;
 - Anatomic survey;
 - Examination of maternal cervix and adnexa, as clinically appropriate and when technically feasible.
 - A limited examination is performed to answer a specific clinical question (e.g., to verify fetal presentation in a patient who is in labor or to confirm fetal heart activity in a patient experiencing vaginal bleeding), but it does not replace a standard examination.
 - Specialized examinations are typically performed starting at 32 weeks of gestation but may be done earlier if there are multiple risk factors or particularly worrisome problems. A specialized anatomic ultrasound examination is performed when an anomaly (e.g., fetal growth restriction) is suspected based on the history, laboratory abnormalities, or the results of a limited or standard examination. A biophysical profile (BPP) is a specialized examination that combines ultrasound examination and fetal heart rate monitoring to evaluate the amount of amniotic fluid and the fetal heart rate, breathing, body/limb movements and muscle tone. A BPP is typically recommended when there is an increased risk of problems that could result in pregnancy complications or lead to stillbirth. Other specialized

examinations include fetal Doppler ultrasound, fetal echocardiogram, or additional biometric measurements.

- **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.
- **Ultrasound test** - A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

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. Use of three-dimensional and four-dimensional ultrasound techniques requires appropriate documentation.
 - B. Medical record documentation must support the medical need for the ultrasound.
- II. Frequency of ultrasounds for a healthy asymptomatic low risk pregnancy includes up to three ultrasounds, including the standard ultrasound, 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 follow-up first trimester routine ultrasound in the asymptomatic patient population.

E. Conditions of Coverage

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

F. Related Policies/Rules

NA

G. Review/Revision History

DATES		ACTION
Date Issued	01/06/2021	
Date Revised	09/14/2022	Annual review. Updated definitions and references.
Date Effective	01/01/2023	
Date Archived	01/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

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

H. References

1. American Academy of Family Physician. (2018), Obstetric Ultrasound Examination (Position Paper). Retrieved August 30, 2022 from www.aafp.org.
2. 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.
3. AUM-ACR-ACOG-SMFM-SRU. (2018) Practice Parameter for the Performance of Standard Diagnostic Obstetric Ultrasound Examinations. *Journal Ultrasound Medicine*. 9999:1-12.
4. The American College of Obstetricians and Gynecologists and American Institute of Ultrasounds in Medicine. Ultrasound in Pregnancy Practice Bulletin No. 175. Obstetrics and Gynecology. 2016;128(6):ee241-e256.
5. The American College of Obstetricians and Gynecologists. Ultrasound exams: Frequently asked questions. Retrieved August 30, 2022 from www.acog.com.
6. United States Food & Drug Administration. (n.d.). Avoid Fetal "Keepsake" Images Heartbeat Monitors. Retrieved August 30, 2022 from www.fda.gov.
7. WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization; 2009. Appendix 1, Definitions of health-care settings and other related terms. Retrieved August 26, 2022 from: www.ncbi.nlm.nih.gov.