



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

| Policy Name & Number | Date Effective |
|--|----------------|
| Obstetrical Ultrasounds-OH MCD-AD-1017 | 03/01/2026 |
| 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

- **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.
- **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.
 - **Standard** – An examination that includes evaluation of
 - fetal presentation and number
 - amniotic fluid volume
 - cardiac activity
 - placental position
 - fetal biometry
 - anatomic survey
 - examination of maternal cervix and adnexa, as clinically appropriate and when technically feasible
 - **Limited** – An examination performed to answer a specific clinical question (eg, verify fetal presentation in a patient who is in labor, confirm fetal heart activity in a patient experiencing vaginal bleeding) but does not replace a standard examination.
 - **Specialized** – Examinations typically performed starting at 32 weeks of gestation but may be done earlier if multiple risk factors or particularly worrisome problems are present. A specialized anatomic ultrasound examination is performed when an anomaly (eg, 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, 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.

- **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 require 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 3 ultrasounds, including the standard ultrasound with appropriate documentation per pregnancy.
- III. The following ultrasounds are not considered medically necessary:
 - A. nonmedical use (eg, to determine fetal sex, to provide parents with a view, video, and/or photograph of the fetus)
 - B. 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 ultrasound claims are subject to retrospective review, and CareSource reserves the right to adjust reimbursement in accordance with the policy above. The reviews include appropriate documentation of the specific components as defined by ACOG/AIUM.

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. |
| | 10/11/2023 | Annual review. Updated references. Approved at Committee. |
| | 11/06/2024 | Annual review. Updated references. Approved at Committee. |
| | 11/19/2025 | Annual review. Updated references. Approved at Committee. |
| Date Effective | 03/01/2026 | |

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

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| Date Archived | | |
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H. References

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2. AUM-ACR-ACOG-SMFM-SRU practice parameter for the performance of standard diagnostic obstetric ultrasound examinations. *J Ultrasound Med.* 2018;37(11):E13-E24. doi:10.1002/jum.14831
3. Perinatal ultrasound examination. American Academy of Family Physicians. October 2023. Accessed November 12, 2025. www.aafp.org
4. Shipp TD. Overview of ultrasound examination in obstetrics and gynecology. UpToDate. Updated July 16, 2025. Accessed November 12, 2025. www.uptodate.com
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6. Ultrasound imaging. US Food and Drug Administration. Updated September 19, 2024. Accessed November 12, 2025. www.fda.gov
7. Wax J, Minkoff H, Johnson A, et al. Consensus report on the detailed fetal anatomic ultrasound examination: indications, components, and qualifications. *J Ultrasound Med.* 2014;33(2):189-195. doi:10.7863/ultra.33.2.189

Approved by ODM 11/21/2026