



Clinical Medical Policy Obstetrical Ultrasounds

Benefit Coverage:

Neighborhood will cover two “routine” **outpatient** obstetrical ultrasounds for dating and for assessment of growth. There is no coverage for routine ultrasound to determine the gender of the fetus (unless rarely when there is a concern about a gender-related genetic disorder) or for a “picture” of the fetus. Additional **routine** ultrasounds during pregnancy (greater than two) require prior authorization and medical review.

Description:

Ultrasound performed during pregnancy is used to visualize the uterus, **placenta**, and fetus. It is not medically necessary in every routine pregnancy; however, it is standard of care to use ultrasound early in pregnancy to estimate or to confirm the expected due date (EDC). It is often used later in pregnancy to confirm routine growth. Obstetrical ultrasound may also be considered necessary for many conditions of pregnancy.

Coverage Determination:

Neighborhood will reimburse for two ultrasounds during each pregnancy without prior authorization. Additional ultrasounds will only be reimbursed when a) prior authorization is obtained, b) appropriate billing codes are submitted, and c) diagnoses and/or conditions represent abnormalities of pregnancy or a threat to the fetus or the delivery:

Criteria:

One of the following abnormalities of pregnancy must be present for more than two obstetrical ultrasounds to be approved during pregnancy:

- Suspected ectopic pregnancy
- Suspected hydatidiform mole
- Threatened or missed abortion
- Congenital malformations
- Polyhydramnios or oligohydramnios
- Placenta previa
- Abruptio placenta
- Vaginal bleeding

Ultrasound will also be covered if any one of the following conditions threatening the fetus or the delivery is present:

- Suspected abnormal presentation
- Suspected multiple gestation
- Size and dates discrepancies
- Elevated maternal serum alpha-fetoprotein
- Suspected fetal death
- Suspected anatomical abnormality of the uterus
- Maternal risk factors such as a family history of congenital anomalies, chronic disease affecting pregnancy, or substance abuse.
- Suspected fetal growth abnormality including growth retardation and macrosomia



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Exclusions:

There is no coverage for routine ultrasound to determine the gender of the fetus in the absence of a concern about a gender-related genetic disorder.

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CMP Cross Reference:

References:

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