



## Provider Alert

### Obstetrical Ultrasound Reimbursement Policy Update: Quantity Limitations

Starting Dec. 1, 2018, UnitedHealthcare Community Plan will change the existing Obstetrical Ultrasound Policy to further align with Medicaid guidelines. Medicaid does not consider ultrasounds to be medically necessary if they are done only to determine the fetal sex or provide parents with a photograph of the fetus. A detailed ultrasound fetal anatomic examination is also considered medically unnecessary for a routine screening of a normal pregnancy.

For these reasons, UnitedHealthcare Community Plan will implement these guidelines for claims processed on or after Dec. 1, 2018:

- We will allow the first three obstetrical ultrasounds per pregnancy.
- The fourth and subsequent obstetrical ultrasound procedures will only be allowed for members identified as high risk.
- Claims for high risk members must include a diagnosis code from the UnitedHealthcare Community Plan Medicaid ICD-10-CM Detailed Fetal Ultrasound Diagnosis list.
- Claims for a fourth or subsequent obstetrical ultrasound procedure will be denied without one of the codes on that list.

To read the policy, please visit [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community plan > (click on your state) > Reimbursement Policies.

#### Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.

### We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.