



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name: <u>Obstetrical Ultrasound Policy</u>	Page: 1 of 3
Department: <u>Reimbursement</u>	Policy Number: <u>ABHLA-RP-A0007</u>
Subsection:	Effective Date: 00/00/2021
Applies to: Aetna Better Health of Louisiana	

PURPOSE:

To establish criteria and guidance to providers on the appropriate use of ultrasounds for pregnant enrollees.

STATEMENT OF OBJECTIVE/OVERVIEW:

Aetna Better Health of Louisiana's ultrasound policy adheres to Louisiana Medicaid guidelines, is also less restrictive than fee-for-service Medicaid, and has the following requirements.

- All covered OB ultrasounds must be deemed medically necessary.
- Four (4) medically necessary ultrasounds per pregnancy (270 days) are covered without prior authorization or medical review. If additional studies are needed, prior authorization will be required. The following requirements also apply:
 - When an obstetric ultrasound is performed for an individual with multiple gestations, leading to more than one procedure code being submitted, this shall only be counted as one obstetric ultrasound; and
 - Obstetric ultrasounds performed in inpatient hospital, emergency department, and labor and delivery triage settings are excluded from this count.
- Medically necessary OB ultrasounds performed by MFM specialists (specialty 3C) or Perinatologists (specialty 1C) will not be counted toward the limit of four (4) medically necessary ultrasounds per pregnancy (270 days) applied to OB ultrasounds performed by other providers.
- ABHLA will not require prior authorization or pre-payment medical review of obstetrical (OB) ultrasounds performed by maternal fetal medicine (MFM) specialists per the [Louisiana Department of Health \(LDH\) Health Plan Advisory 20-21.](#)



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Medical Necessity

Aetna Better Health of Louisiana anticipates that two medically necessary ultrasounds may have been performed by the end of the first trimester and two by end of the second trimester of the pregnancy. The first set to determine the gestational age and the second set to survey fetal anatomy. Providers are cautioned not to maximize reimbursement by performing more than the medically necessary number of ultrasounds per pregnancy. Abuse or unnecessary utilization of the ultrasound limit to maximize reimbursement is subject to review and possible recoupment.

Payment for additional ultrasounds may be considered when medically necessary and appropriate clinical documentation must be submitted with the claim. Documentation should include evidence of an existing condition or documentation to rule out an expected abnormality.

Maternal Fetal Medicine (MFM) Specialists

Reimbursement for the following CPT codes is restricted to maternal fetal medicine specialists. (These are not included in the four per pregnancy limit described previously for the attending OB provider.)

CPT Code	Description
76811	Detailed Fetal Anatomic Ultrasound, Single Fetus
76812	Detailed Fetal Anatomic Ultrasound, Additional Fetus

There are no limits on the quantity of medically necessary ultrasounds performed by Maternal Fetal Medicine specialists (specialty 3C) or Perinatologists (specialty 1C).

All other providers should refer to the appropriate fee schedule on https://www.lamedicaid.com/Provweb1/fee_schedules/feeschedulesindex.htm.



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DEFINITIONS:

Ultrasound	A medical procedure implemented in pregnancy, in which sound waves are utilized to create images of the developing fetus in its mother's uterus.
CPT Code	Numerical codes used primarily to identify medical services and procedures.

LEGAL/CONTRACT REFERENCE:

[Louisiana Medicaid Program Professional Services Manual](#)

Louisiana Medicaid Fee Schedule: https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

Review/Revision History	
03/03/2021	Submitted to LDH