Benefit Coverage:

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

Description
Ultrasound examination is an accurate method of determining gestational age, fetal number, viability and placental location. Gestational age is most accurately determined in the first half of the pregnancy. Ultrasonography can be used in the diagnosis of many major fetal anomalies. Ultrasonography is safe for the fetus when used appropriately. Obstetrical ultrasound may also be considered necessary for many conditions of pregnancy.

Coverage Determination
Neighborhood will reimburse for up to three (3) routine ultrasounds during each pregnancy. Additional ultrasounds will be reimbursed only when a diagnosis or condition is suspected that represents an abnormality of pregnancy or represents a threat to the fetus or the delivery.

Until clinical evidence shows a clear advantage to conventional two-dimensional ultrasonography, three-dimensional ultrasonography is not considered a required modality at this time.

Criteria
ONE of the following clinical situations of pregnancy must be present for more than three (3) obstetrical ultrasounds to be approved during pregnancy:

Indications for First- Trimester Ultrasonography
- ☐ To confirm the presence of an intrauterine pregnancy
- ☐ To evaluate a suspected ectopic pregnancy
- ☐ To evaluate vaginal bleeding
- ☐ To evaluate pelvic pain
- ☐ To estimate gestational age
- ☐ To diagnosis or evaluate multiple gestations
- ☐ To confirm fetal cardiac activity
- ☐ As adjunct to chorionic villus sampling, embryo transfer, or localization and removal of an intrauterine device
- ☐ To assess for certain fetal anomalies, such as anencephaly, in patients at high risk
- ☐ To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- ☐ To screen for fetal aneuploidy
- ☐ To evaluate suspected hydatidiform mole

Indications for Second and Third Trimester Ultrasonography
- ☐ Estimation of gestational age
- ☐ Evaluation of fetal growth
- ☐ Evaluation of vaginal bleeding
- ☐ Evaluation of cervical insufficiency
- ☐ Evaluation of a pelvic mass
- ☐ Evaluation of suspected fetal death
- ☐ Evaluation of abdominal or pelvic pain
- ☐ Determination of fetal presentation
- ☐ Adjunct to cervical cerclage placement
- ☐ Evaluation of suspected multiple gestation
- ☐ Evaluation of fetal well-being
- ☐ Adjunct to external cephalic version
- ☐ Evaluation of suspected ectopic pregnancy
- ☐ Examination of suspected hydatidiform mole
- ☐ Adjunct to amniocentesis or other procedure
- ☐ Significant discrepancy between uterine size and clinical dates
- ☐ Evaluation of suspected uterine abnormality
- ☐ Evaluation of suspected amniotic fluid abnormalities
- ☐ Evaluation of suspected placental abruption
- ☐ Evaluation for premature rupture of membranes or premature labor
- ☐ Evaluation for abnormal biochemical markers
- ☐ Follow- up evaluation of a fetal anomaly
- ☐ Follow-up evaluation of placental location for suspected placenta previa
- ☐ Evaluation for those with a history of previous congenital anomaly
- ☐ Evaluation of fetal condition in late registrants for prenatal care
- ☐ To assess findings that my increase the risk of aneuploidy

Exclusions

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

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org.
1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.
Prior Authorization Forms
For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.
For More information on Coding please reference the Authorization Quick Reference Guide

Clinical Medical Policy-Obstetrical Ultrasounds- Page 2 of 3

Neighborhood Health Plan of RI-910 Douglas Pike, Smithfield, RI 02917. www.nhpri.org. Authorization Line-401-459-6060. Authorization Fax- 401-459-6023

CMP Cross Reference:

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Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

References:

Overview of ultrasound examination in obstetrics and gynecology. Author Thomas D Shipp, MD. Literature review current through: Oct 2021. | This topic last updated: Sep 8, 2021. UpToDate Accessed 11/30/2021.

Ultrasonography in Pregnancy. ACOG Practice Bulletin, No. 101, February 2009 (Reaffirmed 2016).