

Kansas Obstetrical Sonogram Policy- Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT^{®}), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on UB-04 forms Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES_Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies. CPT[®] is a registered trademark of the American Medical Association

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Kansas Medicaid products.
 This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other health care professionals for OB (Obstetrical) Sonograms for Kansas Medicaid.

Reimbursement Guidelines

UnitedHealthcare Community Plan considers sonograms not medically necessary if done solely to determine the fetal sex, or to provide parents with a view and photograph of the fetus. In order to appropriately reimburse for OB Sonograms for Kansas Medicaid, the primary or secondary diagnosis must support medical necessity for an OB sonogram. Medical necessity is determined by diagnosis codes but may also be determined based on maternal age, maternal weight, or fetal position.

Some indications for an obstetrical sonogram include:

- Vaginal bleeding
- Multiple birth

- Diabetes
- Size/date discrepancy
- Fetal anomalies
- Threatened abortion
- Placental/uterine abnormalities
- Fetal demise
- Maternal drug/alcohol/tobacco use
- History of previous miscarriage
- Cesarean section
- Stillbirth
- Ectopic pregnancy
- Eclampsia
- Intrauterine growth retardation.

OB sonogram codes (found in the Codes section of this policy) must be billed using a primary or secondary diagnosis code from the list in the attachments section of this policy. OB sonograms billed with any other diagnosis will be denied.

CPT Code Section				
76801	76802	76805	76810	76811
76812	76813	76814	76815	76816
76817	76818	76819	76820	76821
76825	76826	76827	76828	

Attachments	
Kansas Medicaid ICD-10-CM OB Sonogram Diagnosis List	ICD-10-CM codes covered for OB Sonogram for Kansas Medicaid

Resources
Kansas State Medicaid regulations, manuals & fee schedules

History	
2/1/2026	Anniversary Review: Policy Number, Version and Preamble updated History Section: Entries prior to 2/1/2024 archived
5/25/2025	Policy Version Change Attachments Section: Update to the Kansas Medicaid ICD-10-CM OB Sonogram Diagnosis List History Section: Entries prior to 5/22/2023 archived
10/27/2024	Policy Version Change Attachments Section: Update to the Kansas Medicaid ICD-10-CM OB Sonogram Diagnosis List History Section: Entries prior to 10/27/2022 archived
10/20/2024	Policy Version Change Attachments Section: Update to the Kansas Medicaid ICD-10-CM OB Sonogram Diagnosis List History Section: Entries prior to 10/20/2022 archived
5/12/2018	Policy implemented by UnitedHealthcare Community Plan