

Obstetrical Ultrasound Policy, Professional

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 use 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 CMS 1500 forms and, when specified, to those billed on UB04 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.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) 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

UnitedHealthcare Community Plan considers ultrasounds not medically necessary if done solely to determine the fetal sex, or to provide parents with a view and photograph of the fetus. Detailed ultrasound fetal anatomic examination is not considered medically necessary for routine screening of normal pregnancy.

The American College of Obstetricians and Gynecologists (ACOG) recommends that in the absence of specific indications, the optimal time for an obstetric (OB) ultrasound examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations. This recommendation is based primarily on consensus and expert opinion (Level C). ACOG stated that it may be possible to document normal structures before 18 weeks of gestation, but some structures can be difficult to visualize at that time because of fetal size, position, and movement; maternal abdominal scars; and increased maternal abdominal wall thickness. A second or third trimester ultrasound examination, however, may pose technical limitations for an anatomic evaluation due to suboptimal imaging, and when this occurs, ACOG recommended documentation of the technical limitation and that a follow-up examination may be helpful.

This policy is based in part on the (ACOG) Practice Bulletin on *Ultrasonography in Pregnancy* and guidelines from the Society for Maternal-Fetal Medicine (SMFM).

Reimbursement Guidelines

Indications for an OB ultrasound include:

- To confirm cardiac activity
- To confirm the presence of an intrauterine pregnancy
- To evaluate a suspected ectopic pregnancy
- To evaluate maternal pelvic or adnexal masses or uterine abnormalities
- As adjunct to amniocentesis or other procedures such as cervical cerclage placement, external cephalic version, 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
- Follow-up evaluation of a fetal anomaly
- Determination of fetal presentation
- Estimation of gestational age
- Evaluation for abnormal biochemical markers
- Evaluation for fetal well-being
- Evaluation for premature rupture of membranes of premature labor
- Evaluation in those with a history of previous congenital anomaly
- Evaluation of abdominal and pelvic pain
- Evaluation of cervical insufficiency
- Evaluation of fetal condition in late registrants for prenatal care
- Evaluation of fetal growth
- Evaluation of suspected amniotic fluid abnormalities
- Evaluation of suspected fetal death
- Evaluation of suspected multiple gestation
- Evaluation of suspected placental abruption
- Evaluation of suspected uterine abnormality
- Evaluation of vaginal bleeding
- Examination of suspected hydatidiform mole
- Follow-up evaluation of placental location for suspected placenta previa
- Significant discrepancy between uterine size and clinical dates
- To assess for findings that may increase the risk of aneuploidy

OB Ultrasound Codes

Standard (Routine) Fetal Ultrasound Codes: 76801, 76802, 76805, 76810, 76815, & 76816

Detailed Fetal Ultrasound Codes: 76811 & 76812

UnitedHealthcare Community Plan considers a fetal ultrasound with detailed anatomic examination medically necessary to evaluate the fetus for amniotic band syndrome (also known as amniotic constriction band syndrome), or if there are known or suspected fetal anatomic abnormalities, including anatomic abnormalities due to genetic conditions. There is inadequate evidence of the clinical utility of multiple serial detailed fetal anatomic ultrasound examinations during pregnancy.

UnitedHealthcare Community Plan considers detailed ultrasound fetal anatomic examination experimental and investigational for all other indications including routine evaluation of pregnant women who are on bupropion (Wellbutrin), and pregnant women who smoke or abuse cannabis. There is inadequate evidence of the clinical utility of detailed ultrasound fetal anatomic examination for indications other than evaluation of suspected fetal anatomic abnormalities.

OB Ultrasound Limits

UnitedHealthcare Community Plan Medicaid allows the first three OB ultrasounds per pregnancy. OB ultrasound codes are: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, & 76819.

Unless a different limit is outlined by the State, claims for the fourth and/or subsequent OB ultrasound procedure per pregnancy must contain a high-risk pregnancy diagnosis code. High risk is defined by a diagnosis code from the [ICD-10-CM Detailed and High-Risk Fetal Ultrasound Diagnosis list](#).

For place of service 23 (emergency room/department) a fourth and/or subsequent OB ultrasound procedure per pregnancy must contain either an OB pregnancy diagnosis code from the ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis list or a high risk pregnancy diagnosis code from the ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis list.

[ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis List](#)

[ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis list](#)

Additional Background and Sources

The SMFM has stated that a fetal ultrasound with detailed anatomic examination (CPT 76811) is not necessary as a routine scan for all pregnancies (2004). Rather, this scan is necessary for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan during pregnancy, etc.). Thus, the SMFM has stated that the performance of this scan is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal abnormalities (SMFM, 2004).

A focused ultrasound assessment is sufficient for follow-up to provide a reexamination of a specific organ or system known or suspected to be abnormal, or when doing a focused assessment of fetal size by measuring the bi-parietal diameter, abdominal circumference, femur length, or other appropriate measurements (SMFM, 2004).

An ultrasound without detailed anatomic examination is appropriate for a fetal maternal evaluation of the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adnexa when visible and appropriate (SMFM, 2004).

Amniotic band sequence refers to a highly variable spectrum of congenital anomalies that occur in association with amniotic bands. Amniotic banding affects approximately 1 in 1200 live births. It is also believed to be the cause of 178 in 10,000 miscarriages. Up to 50% of cases have other congenital anomalies including cleft lip, cleft palate, and clubfoot deformity. Hand and finger anomalies occur in up to 80%. The diagnosis is based upon the presence of characteristic structural findings on prenatal ultrasound or postnatal physical examination. The diagnosis should be suspected when limb amputations or atypical body wall or craniofacial defects are present, or when bands of amnion are seen crossing the gestational sac and adherent to the fetus.

The ACOG practice bulletin on the use of psychiatric medications during pregnancy and lactation (2008) stated that atypical antidepressants are non-tricyclic antidepressants and non-selective serotonin reuptake inhibitors antidepressants that work by distinct pharmacodynamic mechanisms. The atypical antidepressants include bupropion, duloxetine, mirtazapine, nefazodone, and venlafaxine. The limited data of fetal exposure to these antidepressants do not suggest an increased risk of fetal anomalies or adverse pregnancy events. In the one published study of bupropion exposure in 136 patients, a significantly increased risk of spontaneous abortion, but not an increased risk of major malformations, was identified. In contrast, the bupropion registry maintained at GlaxoSmithKline has not identified any increased risk of spontaneous abortion, although these data have not undergone peer review.

State Exceptions

Arizona	Members younger than 21 are exempt from the OB Ultrasound Limit
Hawaii	Hawaii is exempt from the OB Ultrasound limit
Idaho	Idaho is exempt from the OB Ultrasound limit
Indiana	Indiana uses a customized diagnosis list to support OB ultrasound when the limit of 3 is exceeded
Kansas	Kansas uses customized diagnosis and CPT lists Kansas is exempt from the OB Ultrasound limit
Kentucky	Kentucky has a two (2) OB Ultrasound Limit
Maryland	Maryland is exempt from the OB Ultrasound limit

Massachusetts	Massachusetts is exempt from the OB Ultrasound limit
Michigan	Michigan has a two (2) OB Ultrasound Limit Michigan allows detailed fetal ultrasound diagnosis codes O26.872, O26.873, O26.879, O34.30, O34.31, O34.32, O34.33 in addition to the codes listed in the policy for the third and subsequent OB ultrasound and not limited to a POS
Missouri	Missouri allows detailed fetal ultrasound diagnosis codes O99.210, O99.212, O99.213, E66.8, E66.9, E66.01 and E66.09 in addition to the codes listed in the policy for the third and subsequent OB ultrasound
New Mexico	New Mexico is exempt from the OB Ultrasound limit.
North Carolina	North Carolina is exempt from the OB Ultrasound Policy per state guidelines
Texas	Texas: Prior authorization is required for greater than 3 obstetrical ultrasounds per pregnancy. Requests for additional obstetric ultrasounds may be considered when submitted with documentation of medical necessity on the Obstetric Ultrasound Prior Authorization Request Form. Authorization is not required for obstetric ultrasounds performed in the emergency department, outpatient observation, or inpatient hospital setting.
Washington	Washington is limited to 2 ultrasounds unless with a High-Risk DX/Medically necessary. Any ultrasound with High-risk DX does not count towards the limit of 2.

Definitions	
Standard Examination	A standard ultrasound includes an evaluation of fetal presentation, amniotic fluid volume, cardiac activity, placental position, fetal biometry, and fetal number, plus an anatomic survey. A standard examination of fetal anatomy includes the following essential elements: <ul style="list-style-type: none"> • Abdomen (stomach, kidneys, bladder, umbilical cord insertion site into the fetal abdomen, umbilical cord vessel number) • Chest (heart) • Extremities (presence or absence of legs and arms) • Head, face and neck (cerebellum, choroid plexus, cisterna magna, lateral cerebral ventricles, midline falx, cavum septi pellucidi, upper lip) • Sex (medically indicated in low-risk pregnancies only for the evaluation of multiple gestations). • Spine (cervical, thoracic, lumbar, and sacral spine).
Limited Examination	A limited examination does not replace a standard examination and is performed when a specific question requires investigation (e.g., to confirm fetal heart activity in a patient experiencing vaginal bleeding or to establish fetal presentation during labor). A limited examination may be performed during the first trimester to evaluate interval growth, estimate amniotic fluid volume, evaluate the cervix, and assess the presence of cardiac activity.
Specialized Examination	A detailed or targeted anatomic examination is performed when an anomaly is suspected on the basis of history, laboratory abnormalities, or the results of either the limited or standard examination. Other specialized examinations might include fetal Doppler ultrasonography, biophysical profile, amniotic fluid assessment, fetal echocardiography, or additional biometric measurements. Specialized examinations are performed by an operator with experience and expertise in such ultrasonography who determines that components of the examination on a case-by-case basis.
Same Group Physician and/or Other Qualified Health Care Professional	Unless otherwise specified, for the purposes of this policy, Same Group Physician and/or Other Health Care Professional includes all physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax identification number.

Questions and Answers

1	<p>Q: Should a Standard examination be used for non-obstetric gynecological conditions?</p> <p>A: For all non-obstetric gynecological conditions, such as fibroids or leiomyoma, there are specific non-obstetric abdominal/pelvic ultrasound codes to be used instead of the pregnancy related ultrasound codes.</p>
2	<p>Q: Under what circumstances will a Detailed Fetal Anatomic examination be covered?</p> <p>A: There are many reasons a detailed examination is deemed payable. It is used to evaluate amniotic band syndrome and known or suspected fetal anatomic abnormalities, including those due to genetic conditions. There is a list of approved diagnoses at the end of this policy.</p>
3	<p>Q: Are detailed examinations covered for pregnant women who are on bupropion (Wellbutrin) or who smoke cannabis?</p> <p>A: There is inadequate evidence to support the clinical utility of a detailed examination for other than amniotic band syndrome and known or suspected fetal anatomic abnormalities so ultrasounds are not covered for pregnant women who are on bupropion or who smoke cannabis without any other indication listed within the policy.</p>
4	<p>Q: What is included in a Standard Examination?</p> <p>A: A standard examination is adequate for most pregnancies to provide a general anatomic fetal survey. This type of exam will establish or confirm due dates, evaluate fetal presentation, amniotic fluid volume, heart activity, placental position, number of fetuses, and screen for gross anatomic abnormalities (abdomen, chest, extremities, head, face, neck, sex, and spine).</p>
5	<p>Q: What is included in a Limited Examination?</p> <p>A: This does not replace the Standard exam, but is performed in order to answer a specific question such as to confirm fetal heart activity or establish fetal presentation during labor.</p>
6	<p>Q: What is included in a Detailed Examination?</p> <p>A: This is performed when an anomaly is suspected on the basis of history, lab tests, or the results of a Limited or Standard Examination.</p>
7	<p>Q: What is the recommended gestational age for an obstetric examination to screen for fetal anomalies?</p> <p>A: ACOG recommended that in the absence of specific indications, the optimal time for an obstetric examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations.</p>
8	<p>Q: What is the recommended gestational age for an obstetric examination to screen for fetal anomalies?</p> <p>A: ACOG recommended that in the absence of specific indications, the optimal time for an obstetric examination is between 18 - 20 weeks of gestation because anatomically complex organs, such as the fetal heart and brain, can be imaged with sufficient clarity to allow detection of many major malformations.</p>

Attachments

<p>ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List</p>	<p>ICD-10-CM codes covered for Standard and Limited (Routine) fetal ultrasounds.</p>
<p>ICD-10-CM Detailed and High-Risk Fetal Ultrasound Diagnosis List</p>	<p>ICD-10-CM codes covered for Detailed and High-Risk fetal ultrasounds.</p>
<p>ICD-10-CM Pregnancy Fetal Ultrasound Diagnosis List</p>	<p>ICD-10-CM codes covered for Pregnancy fetal ultrasounds when billed with place of service 23 (emergency room/department).</p>

Indiana High Risk ICD-10-CM Diagnosis List	ICD-10-CM Indiana codes that will allow coverage of an OB ultrasound when the limit of 3 has been exceeded.
Kansas Fetal Ultrasound CPT List	CPT Kansas codes covered fetal ultrasounds
Kansas Fetal Ultrasound ICD-10-CM Diagnosis List	ICD-10-CM Kansas covered DX codes for fetal ultrasounds must be billed in the primary or secondary position.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

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History	
2/8/2026	Policy Version Change Attachments Section: ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List updated
1/25/2026	Policy Version Change Attachments Section: ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List updated
12/14/2025	Policy Version Change Attachments Section: ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List updated
11/23/2025	Policy Version Change Attachments Section: ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List updated
11/16/2025	Policy Version Change State Exceptions Section: Idaho added History Section: Entries prior to 11/16/2023 archived
10/19/2025	Policy Version Change Attachments Section: ICD-10-CM Standard and Limited (Routine) Fetal Ultrasound Diagnosis List updated State Exceptions Section: Washington updated
10/5/2025	Policy Version Change Attachments Section: ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis List updated History Section: Entries prior to 10/5/2023 archived
9/7/2025	Policy Version Change Attachments Section: ICD-10-CM Detailed and High Risk Fetal Ultrasound Diagnosis List updated
7/13/2025	Policy Version Change State Exceptions Section: California removed Attachments Section: California Fetal Ultrasound Diagnosis List removed History Section: Entries prior to 7/13/2023 archived
4/20/2025	Policy Version Change Attachments Section: Kansas Fetal Ultrasound ICD 10 CM Diagnosis-Codes Updated State Exceptions Section: New Mexico added
4/13/2025	Policy Version Change Attachments Section: Kansas Fetal Ultrasound ICD 10 CM Diagnosis-Codes Updated History Section: Entries prior to 4/13/2023 archived
10/20/2024	Policy Version Change Attachments Section: Kansas Fetal Ultrasound ICD 10 CM Diagnosis-Codes Updated
8/4/2024	Policy Version Change State Exceptions Section: Maryland added
7/19/2024	Policy Version Change State Exceptions Section: Maryland removed History Section: Entries prior to 7/19/2022 archived
11/11/2012	Policy implemented by UnitedHealthcare Community Plan