Ultrasound Policy Overview

**Background:** As a valued OB provider, we want to make sure you understand how we cover prenatal ultrasounds for Amerigroup* members in your care.

**What this means to you:** Please read further for more information how we make our coverage decisions and specific codes to use when billing for these services.

**What is the Amerigroup policy on prenatal ultrasounds?**
Members are covered for one routine prenatal ultrasound per pregnancy — CPT code 76801 or 76805. Additional prenatal ultrasounds for fetal and maternal evaluations or for follow-up of suspected abnormalities (e.g., CPT codes 76811, 76815, 76816, 76817, etc.) are covered when medically necessary and supported by an appropriate diagnosis for the ultrasound study that is performed. Please note, CPT codes for obstetrical ultrasound studies not specifically listed are not subject to this policy.

**Are all providers subject to this policy?**
No, this policy does not apply to Maternal/Fetal Medicine providers. Also, facilities that provide ultrasounds ordered by a physician in an emergency department are not subject to this policy.

**Is precertification or notification required for ultrasounds to be paid?**
No, we do not require precertification or notification of the first or any additional ultrasounds.

**How do I know if additional ultrasounds will be paid?**
Coverage of additional ultrasounds is subject to medical necessity determination and review of current practice standards. Providers are strongly encouraged to consult the ultrasound policy we’ve included with this update, which you can also find on our provider website. This document describes most diagnoses covered for each ultrasound study.

**How should I code additional ultrasounds?**
The enclosed information based on current practice standards and correct coding guidelines will help you determine appropriate diagnoses to indicate medical necessity for additional ultrasounds. This guidance includes the covered diagnoses for additional ultrasound types 76815, 76816, 76817, and 76811. Not all diagnosis codes are acceptable and appropriate for all ultrasounds. When submitted incorrectly, your claims will be denied with one of the following explanation codes:

- **c22**, per pregnancy exceeded
- **c23**, requested procedure not supported by diagnosis
- **c04**, code is considered an add-on; primary code(s) denied or missing

We will update and implement practice standards and codes as they change. Providers are expected to follow American Congress of Obstetricians and Gynecologists standards as well as the CPT coding guidelines developed by the American Medical Association.

**What if I need assistance?**
If you have questions, call Provider Services at 1-800-454-3730 or talk to your local Provider Relations representative.

* In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas Inc.