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**Attention Physician and Hospital Providers:  
Provider Notice for Change in Obstetric Ultrasound Service Limits  
Effective October 15, 2011**

Two ultrasounds shall be allowed per pregnancy (270 days). This includes ultrasounds performed by all providers regardless of place of treatment.

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

If the two ultrasound limit has been exceeded due to multiple pregnancies (failed or completed) within 270 days, providers must submit a hardcopy claim and attach documentation with each submission for these subsequent ultrasounds indicating a previous pregnancy within 270 days.

The patient's OB provider should forward the information supporting the additional ultrasounds to the radiologist when patients are sent to an outpatient facility for the procedure.

Reimbursement for CPT codes 76811 and 76812 is restricted to maternal fetal medicine specialists.

Providers should bill the most appropriate CPT code for the service rendered.

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