



**ATTENTION PHYSICIAN AND OUTPATIENT HOSPITAL PROVIDERS
CALCULATING OBSTETRIC ULTRASOUND SERVICE LIMITS:**

Effective with date of processing November 2, 2015, fee-for-service (FFS) Medicaid claims processing logic has been updated to reflect the intent of policy related to obstetrical ultrasound procedures. The intent of Obstetrics ultrasound policy in the Professional Services manual for those providers who are not maternal-fetal medicine specialists, is to allow two complete OB ultrasounds to be performed per pregnancy without the need for hard copy documentation.

Under this policy:

- When professional providers perform the entire service in their office (the OB ultrasound and interpretation), the service counts as 1 ultrasound.
- When the ultrasound itself is done in an outpatient hospital setting and the professional provider (not employed by the outpatient hospital) performs the interpretation, each provider's component counts as one half (i.e. the claim from the outpatient hospital and the claim for the professional interpretation together count as 1 ultrasound). In these cases, both providers (outpatient hospital and professional) are expected to bill their portion of the service and are expected to bill the same procedure code for the same date of service. The procedure codes must match to be reimbursed.
- If the complete procedure (OB ultrasound and interpretation) is provided by the outpatient hospital, the service counts as one ultrasound.

Please contact Molina Provider Relations (800) 473-2783 or (225) 924-5040 if you have any questions regarding this matter.