LOUISIANA
Department of HEALTH and HOSPITALS

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Obstetrical Ultrasound Policy Clarification

Current Medicaid policy regarding Obstetrical Ultrasounds is published in the 2007 Professional Services Training packet on page 65 and remains applicable. It states in part; "Three ultrasounds shall be allowed per pregnancy (270 days). This includes ultrasounds performed by all providers regardless of place of treatment…"

It would be expected that one medically necessary ultrasound have been performed by week 16-20 of the pregnancy. Providers are cautioned not to maximize reimbursement by performing more than the medically necessary number of ultrasounds per pregnancy in order to reach the limit of three. Abuse of the three ultrasound limit to maximize reimbursement is subject to review, recoupment of overpayments, and further sanctions.

It has come to our attention that some OB providers are using CPT radiology procedure codes outside of the "Obstetrical ultrasound" section of CPT that circumvents this limitation. It continues to be Medicaid's intent that medically necessary 3-D renderings be restricted to maternal fetal medicine specialists. Clear medical indication for the use of 3-D imaging and documentation of the results if performed, is to be present in the recipient's medical record. Medicaid payments received by providers for inappropriate services are subject to review, recoupment, and sanction.