

## Policy Updates: Keystone First, Keystone First Community Health Choices (CHC)

**Date:** November 17, 2020

**Subject:** Non Obstetrical Pelvic Ultrasounds Policy

### Summary:

Effective December 17, 2020, Keystone First/Keystone First CHC will reimburse Providers for the transvaginal ultrasound procedure at 100% of the allowed amount, and for the transabdominal ultrasound procedure at 50% of the allowed amount, when both services are rendered by the same provider to the same patient on the same day and during the same session.

This payment policy applies to the reporting of non-obstetrical transabdominal pelvic ultrasound and transvaginal ultrasound services that are rendered by the same provider, to the same patient on the same day and during the same session. The Centers for Medicare & Medicaid Services Multiple Procedure Payment Reduction guidelines represent a methodology used to determine the provider's reimbursement for eligible multiple diagnostic reduction services. The Multiple Procedure Payment Reduction guideline for diagnostic imaging applies when the same physician furnishes multiple services to the same member, in the same session, on the same day.

When a non-obstetrical transabdominal pelvic ultrasound and transvaginal ultrasound are furnished to the same member by the same provider on the same day and during the same session, reimbursement for the transvaginal ultrasound procedure will be at 100% of the allowed amount, and for the transabdominal pelvic ultrasound examination at 50% of the allowed amount.

The rationale for a reduction in the multiple-procedure payment is that when a provider acquires multiple non-obstetrical ultrasound images in a single session, provider reimbursement will be reduced to offset duplication of clinical labor activities and supplies that were only rendered once.



## Policy updates continued: Keystone First and Keystone First Community HealthChoices (CHC)

### Subject: Obstetrical Ultrasounds examination Policy

#### Summary:

Effective December 17, 2020 Keystone First/Keystone First CHC will cover three obstetric ultrasound examinations per pregnancy. Exceptions will be made for additional obstetrical ultrasound examinations for emergencies and/or high-risk pregnancies.

Obstetrical ultrasound to evaluate, detect, and monitor fetal development during pregnancy is considered medically necessary. Keystone First/Keystone First CHC will cover three (3) obstetric ultrasound examinations per pregnancy without prior authorization.

The medical necessity of additional obstetrical ultrasound examinations beyond three may be established for:

- High-risk pregnancies. The claim should include the appropriate ICD-10-CM high-risk diagnosis. Prior authorization is not required. For a comprehensive list of ICD-10 high-risk diagnosis codes, see the appendix of this policy found on the clinical policies section of our websites at [www.keystonefirstpa.com](http://www.keystonefirstpa.com) or [www.keystonefirstchc.com](http://www.keystonefirstchc.com).
- Obstetrical ultrasounds performed in an emergency department (place of service 23). Prior authorization is not required.
- Obstetrical ultrasounds performed in an Inpatient hospital setting. Prior authorization is not required.

Obstetrical ultrasound codes are: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, and 76819.

#### Limitations:

- Obstetric ultrasound examinations are not considered medically necessary for the purpose of determining fetal sex or for production of photographic memory keepsakes (American College of Obstetricians and Gynecologists, 2016).
- Three-dimensional (3-D) or four-dimensional (4-D) ultrasounds are investigational and therefore not considered medically necessary (American College of Obstetricians and Gynecologists, 2016).

#### Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-800-521-6007.