

MEMO

To: CFHP Maternal Fetal Medicine / Perinatology / Genetics Providers
From: Sheila Owens-Collins, MD, Sr. Medical Director *SWC*
Susan Dickerson, RN, Vice President, Health Services Management *SD*
Subject: Changes to our Obstetric Ultrasound Authorization Requirements
Date: March 2, 2010

We've heard your concerns and in an effort to work with you, in partnership, to streamline the authorization process, we've made changes to our Obstetric Ultrasound Authorization Requirement as outlined in the Matrix. The changes will go into effect immediately. The following obstetric ultrasounds will be allowed per singleton pregnancy, without prior authorization when the billing provider is a network provider and either a Maternal Fetal Medicine, Perinatology/Genetic provider:

PER PREGNANCY

QTY one (1) 76805 (76810) as indicated based on multiple gestation **OR** 76811 (76812) as indicated based on multiple gestation
76805 (1) Routine ultrasound in the 2nd trimester > or = to 14 weeks; single gestation
76810 Each additional gestation
OR
76811 (1) Detailed ultrasound exam
76812 Each additional gestation

AND QTY one (1) 76813 (76814) as indicated based on multiple gestation
76813 (1) Nuchal Translucency ultrasound exam
Authorization Policy notes – Performed from 11 weeks, 1 day to 13 weeks, 6 days of gestation
76814 Each additional gestation

PER MONTH

Per pregnancy Qty one (1) per month of 76815 **OR** 76816
76815 (monthly) Limited real time ultrasound with image documentation
OR
76816 (monthly) Real time ultrasound image documentation follow-up for fetal sizing measuring growth parameters and fluid volume from suspected or confirmed prior ultrasound

BI-WEEKLY

Per pregnancy Qty one (1) every other week beginning at 30 weeks gestation for diagnosis of DM or Hypertension
76818 (bi-weekly) Ultrasound Bio Physical Profile (BPP) with Non-Stress Test (NST)
OR
76819 (bi-weekly) Ultrasound BPP without NST

WITHOUT PRIOR AUTHORIZATION

We will allow Qty one (1) of 76820. All subsequent 76820 ultrasound will need Prior Authorization.
76820 Uterine Umbilical Doppler Indication: Indicated for twins with evidence of discordant growth/twin to twin transfusion, evidence of intrauterine growth retardation or evidence of cord compression/signs of significant uteroplacental insufficiency. Not indicated for routine monitoring of diabetes in pregnancy.

PRIOR AUTHORIZATION IS REQUIRED for the following CPT Codes

76821 Fetal Doppler Indication: Confirmed intrauterine growth retardation, cord compression, ABO/RH incompatibility and decreased fetal movement.
76825 – 76828 Fetal Echo Indication: Follow-Up of a prior cardiac abnormality found on ultrasound or a fetus at high risk for a congenital heart anomaly.

In closing, we appreciate your valuable input into our processes and hope this assists with addressing your concerns. We will continue to meet with you on an ongoing basis to address any questions or concerns you may have and appreciate the time you have committed to working with us and our members / your patients.