

May 2021

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

With regard to Obstetrical Ultrasounds, the Louisiana Medicaid Professional Services Manual indicates:

"Two obstetric ultrasounds shall be reimbursed per pregnancy (270 days) when medically necessary and performed by providers other than maternal fetal medicine specialists. For most beneficiaries, this will be one ultrasound for the determination of gestational age and one for the survey of fetal anatomy, both performed by the end of the second trimester.

Payment for additional ultrasounds may be considered when medically necessary and must be submitted with the appropriate documentation. Documentation must include evidence of an existing condition or indicate that the ultrasound is necessary to rule out a suspected abnormality.

If more than two ultrasounds must be performed 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.

When a beneficiary is sent to an outpatient facility for the ultrasound, the obstetrical provider must forward the information supporting the medical need for additional ultrasounds to the radiologist.

For maternal fetal medicine specialists, there shall be no prior authorization or medical review required for reimbursement of obstetric ultrasounds. In addition, reimbursement for CPT codes 76811 and 76812 is restricted to maternal fetal medicine specialists. In all cases, obstetric ultrasounds must be medically necessary to be eligible for reimbursement."

Effective 6/1/2021, ABHLA will adopt an Obstetrical Ultrasound policy which adheres to the above guidelines but is also less restrictive than fee-for-service Medicaid. The policy will have the following requirements:

- All covered OB ultrasounds must be deemed medically necessary.
- Four (4) medically necessary ultrasounds per pregnancy (270 days) are covered without prior authorization or medical review. If additional studies are needed, prior authorization will be required. The following requirements also apply:
 - When an obstetric ultrasound is performed for an individual with multiple gestations, leading to more than one procedure code being submitted, this shall only be counted as one obstetric ultrasound; and
 - Obstetric ultrasounds performed in inpatient hospital, emergency department, and labor and delivery triage settings are excluded from this count.
- Medically necessary OB ultrasounds performed by MFM specialists (specialty 3C) or Perinatologists (specialty 1C) will not be counted toward the limit of four (4) medically necessary ultrasounds per pregnancy (270 days) applied to OB ultrasounds performed by other providers.
- ABHLA will not require prior authorization or pre-payment medical review of obstetrical (OB) ultrasounds performed by maternal fetal medicine (MFM) specialists per the [Louisiana Department of Health \(LDH\) Health Plan Advisory 20-21.](#))

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this reminder notification.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.