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**To:           All Indiana Health Coverage Programs Providers**

**Subject:   Accepted Billing of Pregnancy-Related Echographies  
              Surveillance and Utilization Review**

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## Overview

To assist providers with billing methodologies for pregnancy-related echographies in the Indiana Health Coverage Programs (IHCP), acceptable and unacceptable billing practices have been listed in this bulletin.

Recent Surveillance and Utilization Review (SUR) audits have identified numerous echography submissions without accompanying diagnoses to support the medical necessity of the service.

Billing instructions and limitations of covered services for echographies are thoroughly explained in the *IHCP Provider Manual, Chapter 8*.

## Pregnancy-Related Echography

### **Q. Why are many echography reimbursement submissions denied or requested for recoupment?**

- A. 1. Because IHCP does not reimburse for routine pregnancy-related echographies, a diagnosis of normal pregnancy does not explain the reason for the echography. Documentation in the member's medical record must substantiate medical necessity.
2. The IHCP does not reimburse for echographies performed for gender determination.

*Note: Pregnancy-related echographies billed without a secondary diagnosis to support the medical necessity of the echography are subject to recoupment.*

### **Detection of Fetal Malformations or Intrauterine Growth Retardation**

Reimbursement is available when the following conditions are met.

Table 1.1 – Reimbursement

<b>Primary Diagnosis</b>	<b>Secondary Diagnosis</b>
ICD-9 (or subsequent revision) from the V22 series	ICD-9 (or subsequent revision) from the V28 series (antenatal screening)

### **405 IAC 5-27-6 Sonography**

Reimbursement is available *when one or more* of the following conditions is met:

- Early diagnosis of ectopic or molar pregnancy
- Placental localization associated with abnormal bleeding
- Fetal postmaturity syndrome
- Suspected multiple births
- Suspected congenital anomaly
- Polyhydramnios or oligohydramnios
- Fetal age determination if necessitated by discrepancy in size versus fetal age, *or* lack of fetal growth, *or* suspected fetal death.
- Guide for amniocenteses

### **Therapeutic Abortions**

Reimbursement is available for sonography used in the determination of fetal age prior to therapeutic abortions when:

- The age of the fetus cannot be determined by the patient's history and physical examination, **and**
- The information is essential for the selection of the abortion method.

## Recoupment and Reimbursement Examples

Table 1.2 – Examples of Recoupment and Reimbursement

Procedure Code	Diagnosis	Recoupment/Reimbursement	Reason
76805 Echography, pregnant uterus	V22.0 (Supervision of otherwise normal pregnancy)	Recoupment	Routine echography, pregnancy-related; not performed for one of covered conditions.
76805 Echography, pregnant uterus	V22.0 Secondary diagnosis: V28.3 (Screening for malformation using ultrasonics)	Reimbursement	<i>Not</i> a routine echography; performed for one or more of the covered conditions.

## Additional Information

Questions about this bulletin should be directed to the Health Care Excel Surveillance and Utilization Review Department at 1-800-457-4515 or (317) 347-4527 in the Indianapolis local area.