

# Obstetric Ultrasounds

## Adjudication Guideline

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## **1. Abstract**

### **1.1 For Members**

Obstetric ultrasound is a safe, non-invasive, and accurate imaging method to evaluate the pregnant uterus and the foetus. It can aid in verifying that the pregnancy is progressing normally. It can also be used to detect, confirm and follow-up certain abnormalities.

Local (DOH/DHA) regulations and international best practice guidelines recommend OB ultrasound only when medically required. Hence, an ultrasound may not be warranted at each consultation with the Obstetrician-gynaecologist.

DOH and DHA standards mandate the use of obstetric ultrasounds as part of screening and care for all pregnant women. Daman will cover up to three per pregnancy, one per trimester. Additional ultrasounds needed for multiple gestations or other illnesses/conditions will be determined by the treating physician.

### **1.2 For Medical Professionals**

Obstetric ultrasounds are covered for Basic, Enhanced and Thiqa members with Maternity benefit, subject to policy terms and conditions.

Claims will be adjudicated in terms of specific medical necessity diagnosis/ diagnoses, frequency, clinician specialty, eligibility check/pre-authorization, and fulfilment of all documentation requirements in CPT coding criteria.

## 2. Scope

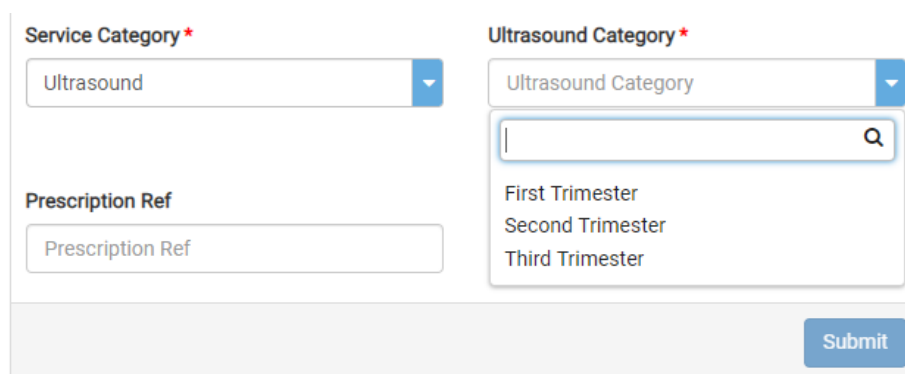
Obstetric ultrasounds provide accurate and safe evaluation of the gravid uterus and growing fetus throughout a woman’s pregnancy. The purpose of this guideline is to clarify Daman’s policy on coverage of outpatient Obstetric Ultrasounds (CPT 76801 to CPT 76817) for Basic, Enhanced and Thiqqa members with Maternity benefit.

Related investigations directly assessing fetal well-being (such as biophysical profile, Doppler velocimetry, echocardiography), as well as ultrasonic-guidance for amniocentesis or chorionic villus sampling, are outside the scope of this guideline.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

1. All providers must obtain OpenJet eligibility prior to each obstetric ultrasound. Please refer to screenshot below:



2. If rejection is received from OpenJet (OBUS-001 Service may be appropriate but Obstetric ultrasound has already been done this trimester), provider may request for pre-authorization of additional ultrasound. Detailed documentation (including copy of previous ultrasound report from same/other facility) supporting medical necessity is required.
3. Daman will cover up to three routine ultrasounds per pregnancy, one per trimester, for normal pregnancy cases. Daman expects the following journey for the majority:

SN	Trimester	Weeks	Main Indications
1A	1st	<14	Confirmation of intrauterine location, pregnancy dating, identifying number of embryos present
1B	1st	11-13	Assessment of nuchal translucency (NT) and fetal aneuploidy screening

2	2 <sup>nd</sup>	18-22	Anatomic survey, placental evaluation, cervical length assessment
3	3 <sup>rd</sup>	>28	Fetal growth surveillance, planning for delivery

If first trimester genetic screening (nuchal translucency) is

- NOT a consideration, a 1<sup>st</sup> trimester dating ultrasound anytime between 7 and 13 6/7 weeks is acceptable. (1A-2-3)
- intended, it would be reasonable to defer dating to the time of nuchal translucency ultrasound. (1B-2-3)

4. Ultrasound for proven cases of emergency are excluded from the count (3 per pregnancy) and from eligibility check requirement.
5. Quick-look bedside ultrasounds are considered part of the E/M consultation by Daman and not to be billed separately. Only ultrasounds meeting documentation requirements as per coding conventions may be billed.
6. All claims will be subject to Clinician specialty rules:
  - a. ordering and performing clinicians must be included on the claim
  - b. only clinicians who are adequately trained and credentialed to perform OB ultrasounds may do so
7. Supplementary ICD10CM diagnosis specifying age of gestation should be included in the pre-approval request and/or claim.
8. Correct trimester and frequency rules will be applied. For example, first trimester scan must be performed before 14 weeks AOG and only once per pregnancy.
9. Daman may confirm with the random top utilizing members the following: trips to the ER, multiple gestations, signs/symptoms/medical conditions raised by providers for additional ultrasounds.
10. Daman will be analysing patterns of overutilization and necessary measures will be taken.
11. Add-on CPTs for multiple gestations will be considered under the same eligibility for the parent code. Thus, separate authorization is not required for these add-on codes. Example: Case of twin pregnancy needing Ultrasound, pregnant uterus, first trimester, transabdominal approach; single or first gestation. Eligibility for this CPT will apply to Ultrasound, pregnant uterus, first trimester, transabdominal approach; each additional gestation as well.

### 3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity

Abu Dhabi providers only:

1. Ordering and performing clinicians must be included in the claim.
2. Eligibility must be obtained for each obstetric ultrasound. If a rejection note is received (OBUS-001), provider may then request for pre-authorization for additional ultrasound for proven medically necessary indications.

### 3.3 Non-Coverage

Obstetric Ultrasounds are not covered:

- for members without Maternity benefit and for Visitor’s Plan
- for claims without corresponding eligibility or prior authorization (except in proven emergency cases)
- if repeated before the interval recommended by best practice and coding rules
- if ordered/performed by inappropriate clinician

### 3.4 Payment and Coding Rules

Please apply DOH/DHA payment rules and regulations, as well as relevant coding manuals for ICD, CPT, etc.

## 4. Denial Codes

Code	Code description
NCOV-003	Service(s) is (are) not covered
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-003	Service is not clinically indicated based on good clinical practice
PRCE-002	Payment is included in allowance for another service.
CLN-001	Clinician ID is not eligible to bill this service.
CLAI-012	Submission not compliant with contractual agreement between provider and payment.

## 5. Appendices

### 5.1 References

- <https://www.doh.gov.ae/-/media/53DDEF165163450481481DE46FCA653C.ashx>
- <http://www.nice.org.uk/guidance/ng201>
- [https://www.rcog.org.uk/media/t3lmjhn/gtg\\_31.pdf](https://www.rcog.org.uk/media/t3lmjhn/gtg_31.pdf)
- <https://www.isuog.org/static/b2aa3fb4-031e-4d84-b7246d613a466884/ISUOG-Practice-Guidelines-diagnosis-and-management-of-small-for-gestational-age-fetus-and-fetal-growth-restriction.pdf>
- <https://www.doh.gov.ae/-/media/B9EB96B7586B4C329F0C95DC15A624CB.ashx>
- <http://www.nice.org.uk/guidance/ng201>

### 5.2 Revision History

Date	Change(s)
07/04/2019	Release of V1.0
08/08/2019	Release of V1.1-Clarified that add-on CPTs for multiple gestations do not need separate authorization
14/11/2024	Release of V1.1
30/12/2025	Release of V1.2
30/03/2025	Release of V1.3 General Content and Reference update

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