Criteria for Coverage: EqualityCare covers obstetrical ultrasounds during pregnancy when medical necessity is established for one or more of the following conditions:

- Establish date of conception
- Discrepancy in size versus fetal age
- Early diagnosis of ectopic or molar pregnancy
- Fetal Postmaturity Syndrome
- Guide for amniocentesis
- Placental localization associated with abnormal vaginal bleeding (placenta previa)
- Polyhydramnios or Oligohydramnios
- Suspected congenital anomaly
- Suspected multiple births
- Other conditions related directly to the medical diagnosis or treatment of the mother and/or fetus.

Who May Provide Services: The following providers may bill for obstetrical ultrasound services:

- General Hospitals
- Critical Access Hospitals
- Radiology
- Mobile Radiology
- Nurse Practitioners
- Physicians

Billing Procedures: A maximum of two (2) obstetrical ultrasounds will be reimbursed per pregnancy in one nine (9) month period unless documentation of medical necessity is submitted to substantiate need for additional services.

CPT procedure code range 76801 – 76817

Acceptable modifiers are TC, 26, 22, and 52

Non-Covered: EqualityCare will not reimburse obstetrical ultrasounds during pregnancy for any of the following reasons:

- Determining gender
- Baby pictures
- Elective
Important Changes!  Please read!

If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Unit at (307) 772-8401 or toll free at (800) 251-1268. Call center hours are Monday through Friday from 9am-5pm.