

Ohio Medicaid Coverage of Cervical Length Screening

	Buckeye	Caresource	Molina	Paramount	United
Is transvaginal ultrasound covered for cervical length measurement for all pregnant members-regardless of risk-when done at time of ultrasound to assess fetal anatomy (18-22 weeks)?	Yes	Yes	Yes	Yes	Yes
If PA is required, what are the criteria?	There is no PA for participating providers; Non-participating providers do require PA	There is no PA required for participating providers, Non-Participating providers do require PA	There is no PA for participating providers; Non-participating providers do require PA	There is no PA for participating providers; Non-participating providers do require PA	There is no PA for participating providers; Non-participating providers do require PA. This is needed in order to fulfill the OAC requirement for a negotiated rate.
Are physician orders required for transvaginal ultrasound to measure cervical length?	No	Yes	Yes	No	No
Explain, if needed.	If providers perform a 76817 for cervical screening consistent with recommended guidelines (18-24 weeks), they may submit as 76817 with U1 modifier. If submitted in this fashion, the US is paid without PA. Also use modifier 26 if just professional component. Buckeye also covers the use of Cervilenz device to measure cervical length		An obstetric ultrasound is completed for an overall evaluation of the fetus. If a specific cervical length measurement is also necessary, that would require a specific notation by the ordering healthcare provider. Any healthcare provider can and needs to order an obstetric ultrasound but would need to also specifically request a cervical length measurement to be determined. This specific cervical length measurement ultrasound should only be performed by a maternal-fetal specialist or Radiologist.	A separate order may be required depending on the provider (imaging provider) We would cover either way.	No prior authorization is required for ultrasounds when done by a participating provider nor is a physician order requested--assume that if asked, the provider could produce it. A transvaginal ultrasound for cervical length would be paid separately from any abdominal ultrasound. NCCI edits might apply.
Is a same-visit, confirmatory transvaginal ultrasound covered when performed after a transabdominal ultrasound for anatomy evaluation (~20 weeks gestation) indicates that cervical length may be short?	Yes	No	Yes	Yes	Yes

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<b>Explain, if needed.</b>		There are no global periods defined for the code ultrasound pregnant uterus re-evaluation transabdominal (76816) thus it to could be billed after the anatomical evaluation (76811) but not on the same day since CMS does have a defined bundle edit when billed on the same day			
<b>Under what conditions is a transvaginal ultrasound covered during the same visit as a transabdominal ultrasound for anatomy evaluation?</b>		These services can not be billed on the same day as outlined by CMS edits.		No restriction	UHC requires appropriate diagnoses for anatomic US; no review for transvaginal
<b>Is transvaginal ultrasound covered when there is a history of a spontaneous preterm birth (defined as a singleton live birth at 16<sup>0/7</sup>-36<sup>6/7</sup> weeks or stillbirth before 24 weeks presenting as labor, ruptured membranes or advanced cervical dilation or effacement)</b>	Yes	Yes	Yes	Yes	Yes
<b>If PA is required, what are the criteria?</b>	There is no PA for participating providers; Non-participating providers do require PA	There is no PA required for participating providers, Non-Participating providers do require PA	There is no PA requirement for participating providers; PA is required for non-participating providers	There is no PA for participating providers; Non-participating providers do require PA	There is no PA for participating providers; Non-participating providers do require PA. This is needed in order to fulfill the OAC requirement for a negotiated rate.
<b>Is transvaginal ultrasound covered when the patient has signs and symptoms of parturition: persistent pelvic pressure, cramps, spotting &amp;/or vaginal discharge?</b>	Yes	Yes	Yes	Yes	Yes

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<b>If PA is required, what are the criteria?</b>	If 3 U/S have already been performed in pregnancy (not including 76813 or previously described 76817 with U1 modifier)	There is no PA required for participating providers, Non-Participating providers do require PA	There is no PA requirement for participating providers; PA is required for non-participating providers	There is no PA for participating providers; Non-participating providers do require PA	There is no PA for participating providers; Non-participating providers do require PA. This is needed in order to fulfill the OAC requirement for a negotiated rate.
<b>Is more than one transvaginal ultrasound covered if the patient is at risk of preterm birth or is found to have a borderline short cervix on screening transvaginal ultrasound (21-25 mm)?</b>	Yes	Yes	Yes	Yes	Yes
<b>If more than one transvaginal ultrasound is covered, how frequently can it be repeated?</b>	Will not apply any constraints at this time as long as less than 24 weeks and we do not see abuse	There is no global period for these services therefore there is no max repeat testing	Every 3-4 weeks	No restriction	No limit established
<b>What documentation for prior authorization is required?</b>		There is no PA required for participating providers, Non-Participating providers do require PA		NA	No prior authorization required

