



Healthy Blue



Provider Bulletin

December 2020

Maternal Child Services clinical guideline provider notifications

In continuing efforts to support quality, evidence-based healthcare, Healthy Blue establishes reimbursement rates based on clinical guidelines. Please visit the [Maternal Child Services](#) section of the provider website for more information.

Cervical cancer screening age

Cervical cancer screening is considered **medically necessary** for women under 21 years of age who are chronically immunosuppressed (for example, organ transplant recipients or seropositive for the human immunodeficiency virus). Cervical cancer screening for women under 21 years of age is considered **not medically necessary** for all other indications not listed above.

Effective with service dates on or after January 1, 2021, cervical cancer screening procedures and testing will not be reimbursed as a covered benefit for average risk women under 21 years of age. Please refer to the *Clinical Utilization Management (UM) Guideline* entitled [Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing \(CG-MED-53\)](#).

Cervical cancer screening frequency

Effective January 1, 2021, routine screening frequency for women ages 21 to 65 will be reimbursed no more frequently than once every three years. Also, reimbursement for routine Pap testing for women 66 and older with prior negative screening results will be denied. **Visit the provider website for Healthy Blue to read the full *Cervical Cancer Screening Frequency* communication.**

Cervical length (CL) measurement by transvaginal ultrasound

We encourage you to obtain a CL measurement with your patient's routine prenatal anatomic evaluation ultrasound. For claims submitted on or after January 1, 2021, if a vaginal approach is necessary in addition to an abdominal scan to obtain this measurement, the transvaginal ultrasound will be considered for a multiple procedure reduction.

When a routine anatomic evaluation ultrasound (76801, 76802, 76805, 76810, 76811, 76812) and a transvaginal ultrasound (76817) are billed on the same day by the same provider, the transvaginal ultrasound is considered a part of the multiple procedure payment reduction policy and will be paid at 50% of the applicable fee schedule, and the complete procedure will be paid at the full applicable fee schedule. **Visit the Healthy Blue provider website to read the full *Cervical Length Measurement by Transvaginal Ultrasound* communication.**

Prenatal ultrasound coverage and coding

Effective January 1, 2021, **Healthy Blue** will cover one routine prenatal ultrasound for fetal anatomic survey per pregnancy (76801, 76805). Additional ultrasounds billed with procedure codes **76811, 76812, 76815, 76816 and 76817** for suspected maternal/fetal abnormality or follow-up will require an appropriate corresponding diagnosis code indicating medical necessity. This guideline communication is limited to the CPT[®] codes specified here. **Visit the provider website for Healthy Blue to read the full *Prenatal Ultrasound Coverage and Coding* communication, which includes a list of the prenatal ultrasound procedure codes with their corresponding medically necessary diagnosis codes.** Please refer to the clinical utilization management guideline entitled *Maternal Ultrasound in the Outpatient Setting (CG-Med-42)*, which details medical necessity criteria for maternal ultrasounds.

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