

## HERC Coverage Guidance – Routine Ultrasound in Pregnancy Disposition of Public Comments

### General Comments

Stakeholder	#	Comment	Disposition
<i>Physician Family Medicine Portland, OR</i>	1	Upon review of the Routine US in Pregnancy guideline, I only have the comment that for women who truly have unknown dating, and US may need to be performed twice in the first trimester - once to establish dating, and once to then do the genetic testing. You can only do the genetic testing once you know the dating, and if you choose to do the US too early or too late, you have precluded the patient's ability to get genetic testing covered by her insurance.	The EbGS understands the need for accurate dating and has modified the guidance document to reflect this.
<i>Physician (OB/GYN) FACOG Portland, OR</i>	2	In reviewing the HERC policy on routine ultrasound in pregnancy I have concerns about limiting to only one ultrasound before 14 weeks. The dating ultrasound which many of us perform around 6-8 weeks is critical to determine viability and more important dating. On a routine basis, I change someone's due date to that of the ultrasound. If their dating is incorrect it makes the timing of the 1st trimester screen for genetics impossible because they are too early or too late to receive this test thereby removing the diagnostic efficacy. Also, if someone's dating is incorrect, it can increase costs down the line in pregnancy with additional treatments. For instance, in my practice in residency we often had people who were unsure of their dates and had a late ultrasound that we were using for dating. Since the later one gets an ultrasound the more inaccurate it is, it led us to treat possibly non-preterm patients as preterm since we did not have better dating. The ability to perform an early ultrasound on a patient allows for the most accurate dating and overall decreased health costs.	The EbGS understands the need for accurate dating and has modified the guidance document to reflect this.
	3	Also, limiting an ultrasound to one per day concerns me as well. In some cases I have a patient who presents for pain and pregnancy and I am unable to visualize a gestational sac. I would then refer that patient onto radiology in the same day to rule out an ectopic pregnancy. An undiagnosed ectopic pregnancy is definitely more costly than having a second ultrasound.	If a second ultrasound was required to rule out ectopic, that would fall under diagnostic and thus would not be addressed by this guidance. The wording was clarified that the limit of one ultrasound was limited to routine prenatal ultrasounds.

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	4	I understand the need to limit ultrasounds, especially in practices where an ultrasound is being performed at each visit for no indication. However, those of us who practice evidence based medicine and are working to provide the best care for our patients are really limited by these guidelines.	Thank you for your comment.