



4/28/2026

Lisa Saul, MD, MBA

National Medical Director/Chief Medical Officer Women's Health

UnitedHealthcare

9700 Health Care Lane,

Hopkins, Minnesota

Via email to: gigi_ferrando@uhc.com

RE: UnitedHealthcare's Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy

Dear Dr. Saul,

On behalf of the American College of Obstetricians & Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), we are reaching out to express our serious concerns regarding misguided changes to UnitedHealthcare's (UHC) payment policy. UHC updated their [*Multiple Procedure Payment Reduction Policy*](#), reducing payment for multiple imaging studies performed during the same session. As the leading physician organizations dedicated to providing quality care to women and those experiencing obstetric and gynecologic related health issues, **ACOG and SMFM strongly urge UHC to rescind the implementation of this payment reduction policy, which will impose detrimental financial strain and create undue administrative burdens on physician practices.**

Obstetric ultrasounds are fundamentally different from other imaging modalities. Multiple ultrasounds in a single session often provide distinct and clinically necessary information, including fetal growth assessment, amniotic fluid evaluation, and Doppler studies. These are not redundant views; they are complementary assessments essential to ensure maternal-fetal health. According to ACOG clinical guidelines, ultrasonography is the imaging technique of choice during pregnancy and should be used when it answers a relevant clinical question or provides medical benefit to the patient.¹ Additionally, ACOG's Practice Bulletin No. 175 emphasizes the importance of both specialized and follow-up scans for high-risk pregnancies, including growth restriction and

abnormal Doppler findings.ⁱⁱ Given these clinical standards, reducing payment for multiple imaging studies performed in the same session is irrational and harmful.

Ob-gyns deliver a vast and complex scope of practice, encompassing primary ambulatory health care and subspecialty expertise. This work integrates medical and surgical care for women's health throughout their lifespan, along with crucial preventative services. Given the time and complexity of patient encounters, multiple imaging studies are crucial to the delivery of care and are not optional add-ons. Reducing reimbursement for these services can result in detrimental risks of fragmented and delayed care, particularly hindering small practices and hospitals in rural areas. According to a 2025 study, higher neonatal intensive care unit (NICU) admission rates are associated with delayed or incomplete monitoring. Evidence-based research demonstrates that multiple, non-redundant imaging assessments provide predictive information on neonatal risks.ⁱⁱⁱ UHC's policy can also negatively impact maternal health outcomes. Earlier initiation of monitoring provides critical opportunities to identify complications, allow quicker interventions, and improve maternal and obstetric outcomes. When monitoring is postponed, it can lead to increased rates of cesarean sections, preterm births, and other preventable complications.^{iv}

Furthermore, this will inherently penalize evidence-based obstetric care, forcing providers to bear the burden of additional visits to fulfill the clinically necessary ultrasounds, and lead to harmful downstream costs for duplicated imaging. Enforcing claims with multiple obstetric ultrasounds to include a 55% reduction for the second and subsequently billed ultrasounds will lead to incomplete monitoring. This will exacerbate burdens on clinicians as they already face significant challenges associated with prior authorization, reduced reimbursement, and burnout. According to the American Medical Association, at the end of 2021, nearly 63% of physicians have reported signs of burnout which includes emotional exhaustion.^v Much of this burnout can be attributed to increased administrative burdens to providing evidence-based care, such as those perpetuated by the reduction in payment for additional imaging.^{vi} This can negatively affect the ability of physicians to provide high-quality care. ACOG and SMFM strongly oppose this policy as it discourages providers, threatens the financial viability of ob-gyn practices, and ultimately increases barriers to accessing maternity care.

While the effect of UHC's revised policy on patient care and physician practices should be a sufficient reason for UHC to rescind the payment reduction policy, the policy also fails to achieve cost-savings. Comprehensive obstetric ultrasounds are far more cost-effective than fragmented imaging. Appropriate reimbursement can lower NICU admissions and reduce unnecessary interventions. ACOG's Committee Opinion on the *Indications for Outpatient Antenatal Fetal Surveillance* emphasizes that antenatal fetal surveillance must be timely and coordinated to reduce the risk of stillbirths and other adverse outcomes.^{vii} Studies also show that point-of-care and in-office obstetric ultrasound reduce overall costs while maintaining high standards of care.^{viii,ix} Given the significant acquisition and maintenance costs for ultrasound equipment, reductions to the technical component are unsustainable and undermine access.^{x,xi}

We encourage UHC to engage in dialogue with ACOG and SMFM to ensure policy decisions reflect the clinical realities of safe, clinically-sound maternal and fetal health care. In light of these

concerns, **we urge UHC to reconsider the implementation of this policy or, at minimum, exempt obstetrical imaging from its provisions. Specifically, we request the exemption of the following relevant Current Procedural Terminology (CPT®) codes:**

CPT® Codes: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, and 76828

Thank you for your time and consideration. If you have questions or concerns, please contact Ruhi Maniyar, Manager, Commercial Plan Relations, at rmaniyar@acog.org or Rebecca Abbott, Senior Director of Advocacy, at rabbott@smfm.org.

Sincerely,

Lisa Satterfield, MS, MPH
Senior Director, Health and Payment Policy, ACOG

Rebecca Abbott
Senior Director of Advocacy, SMFM

ⁱ The American College of Obstetricians and Gynecologists. (2017, October). Guidelines for Diagnostic Imaging During Pregnancy and Lactation. www.acog.org. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/guidelines-for-diagnostic-imaging-during-pregnancy-and-lactation>

ⁱⁱ Ultrasound in Pregnancy. (n.d.). www.acog.org. <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2016/12/ultrasound-in-pregnancy>

ⁱⁱⁱ Arechvo, A., Demertzidou, E., Adjahou, S., Syngelaki, A., Magee, L. A., von Dadelszen, P., Nicolaidis, K. H., & Akolekar, R. (2025). Routine 36-week scan: prediction of prolonged neonatal intensive care unit admission. *Ultrasound in Obstetrics & Gynecology : The Official Journal of the International Society of Ultrasound in Obstetrics and Gynecology*, 66(3), 298–306. <https://doi.org/10.1002/uog.29267>

^{iv} Sarker, M. R., Skeith, A. E., Bacheller, H., Caughey, A. B., & Valent, A. M. (2019). 585: Impact of delayed initiation of prenatal care on maternal outcomes. *American Journal of Obstetrics and Gynecology*, 220(1), S388–S389. <https://doi.org/10.1016/j.ajog.2018.11.607>

^v Advocacy in action: Reducing physician burnout. (n.d.). American Medical Association. <https://www.ama-assn.org/practice-management/physician-health/advocacy-action-reducing-physician-burnout>

^{vi} Ibid.

^{vii} American College of Obstetricians and Gynecologists. (2021, June). Indications for Outpatient Antenatal Fetal Surveillance. www.acog.org. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/06/indications-for-outpatient-antenatal-fetal-surveillance>

^{viii} Li, Y., Jia, Z., Zhang, R., Zhuge, J., Shi, W., Xiao, R., Wang, Z., & Tang, K. (2025). Cost and cost-effectiveness analysis of point-of-care ultrasound (POCUS) in obstetrics: a systematic review protocol. *BMJ Open*, 15(9), e099121. <https://doi.org/10.1136/bmjopen-2025-099121>

^{ix} Reimbursement and Policy Considerations of Point-of-Care Ultrasound in Rural Family Medicine | American Board of Family Medicine. (2025). jabfm.org. <https://www.jabfm.org/content/reimbursement-and-policy-considerations-point-care-ultrasound-rural-family-medicine>

^x Ibid.

^{xi} Ibid.