



Scheduling Information

Name (LAST, FIRST): _____ Medical Record #: _____

Date of Birth: _____ EGA: _____ G: ____ P: ____ Best EDC: _____ By LMP By US Date

Day Phone #: _____ Cell Phone #: _____

Primary Insurance: _____ Secondary Insurance: _____

Interpreter Requested: YES NO Language: _____

***Allow MFM Physician to modify and/or order and schedule any recommended additional testing/service? YES NO**

Physician Request for OB Ultrasound Services

Ultrasound Services Requested:

- CPT: 76801 - OB Less than 14 weeks
- CPT: 76813 Nuchal translucency
- CPT: 76805/76811 OB Routine/Detailed Anatomy
- CPT: 76825 Fetal Echocardiogram
- CPT: 76816 - Follow-up Growth
- CPT: 76815 - OB Limited
- CPT: 76817 - OB Transvaginal
- CPT: 76815/59025 - Amniotic Fluid Index with Non-Stress Test
- CPT: 76819 - Biophysical Profile
- CPT: 81420 - NIPT Non-invasive Pregnancy Test
- CPT: 76946/59000 - Amniocentesis
- CPT: 76945/59015 - Chorionic Villous Sampling

Indications for Ultrasound:

- ICD10: O30.90 - Multiple Gestation, Specify # _____
- ICD10: Z36.89 - First Trimester Screening
- ICD10: Z36.82 - Nuchal Translucency Screening
- ICD10: Z36.87 - Unsure dates or LMP
- ICD10: O35.9XX9 - Fetal Anatomy Anomaly _____
- ICD10: O09.529 - AMA (\geq 35 years old)
- ICD10: O26.849 Growth: Size > Dates Size < Dates
- ICD10: Z36.86 - Cervical length, Transvaginal
- ICD10: O46.90 - Vaginal Bleeding
- ICD10: O24.419 - Gestational Diabetes
- ICD10: O24.319/E11.9 - Pre-existing Diabetes
- ICD10: O09.219 - Prior Preterm Birth
- ICD10: O99.419 - Maternal Cardiac Disease
- ICD10: Z36.2 - Antenatal Screening Follow-up
- Other _____

Physician Request for Maternal Fetal Medicine Consult

Select preferred option: In-Person Consultation Telehealth (Virtual) Consultation

- One Time Consult only, recommendations provided
- Consult with ongoing co-management of problems (Referring provider remains as the primary OB)
- Pre-conception counseling
- Gestational or Pregestational Diabetes Management
- Heart Disease in Pregnancy - Joint Consult with Cardiology

Please specify problems you would like the MFM to manage at Consultation:

Please include and Fax the necessary records that are relevant to the patient's diagnosis to: 808-686-2127

- Demographics with Insurance card copy (front and back)
- Labs and Imaging Reports
- Current Prenatal Records
- Other relevant medical records (Consults Cardiology, Rheumatology, etc.)
- For Quest/HMA/Tricare/VA/Kaiser/PSWA, please obtain and send insurance referral/authorization

Diagnosis/Comments:

Blood type (for amnio) _____ Scheduled By _____

DATE:

TIME:

PHYSICIAN SIGNATURE

DATE/TIME

PHYSICIAN NAME

STREET ADDRESS