



1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-7171 • Fax (808) 691-7007

**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