UCSF Benioff Children's Physicians

Maternal-Fetal Medicine

ORDER FORM

PRENATAL DIAGNOSIS CENTER

☐ **2920 Telegraph Ave, Suite 200, Berkeley, CA 94705 • Telephone (888) 597-8227 • Fax (510) 601-7092**

PATIENTS: PLEASE BRING THIS FORM, INSURANCE CARD AND A VALID PHOTO ID TO EVERY APPOINTMENT

Provider & Facility Name _____ **Phone** _____

Provider Signature (required) _____ **Date** _____ **Fax** _____

• PLEASE PROVIDE PRIOR AUTHORIZATION ACCORDING TO PATIENT'S INSURANCE •

• WE ARE UNABLE TO SCHEDULE WITHOUT AN AUTHORIZATION NUMBER •

• PLEASE PROVIDE COPY OF PATIENT DEMOGRAPHICS and COPY OF BOTH SIDES OF INSURANCE CARD•

Patient Name _____ **DOB** _____ **Phone** _____

LMP _____ EDC _____ Gravida ____ Para _____ Vag_____ C/S _____

Current Pregnancy Current Wt_____ Ht____ Pregravid Wt___ BMI____ ☐ Singleton ☐ Twins ☐ Unknown

Previous Ultrasounds for this Pregnancy

Date _____ Where _____

INDICATIONS FOR ORDER – Clinical Diagnosis / Reason for Service(s)

_____

_____

ULTRASOUND

☐ Early Ultrasound – Viability (Consultation if necessary)

☐ Nuchal Translucency Form (Consultation if necessary)

F #_____

☐ Comprehensive Anatomic Survey (Consultation if necessary)

☐ Follow-up Ultrasound (Consultation if necessary)

Reason _____

☐ Cervical Length (Consultation if necessary)

☐ Second Opinion for Prior Abnormal Ultrasound (Consultation if necessary) ***(please provide report)****

☐ UA/MCA Doppler (Consultation if necessary)

☐ Other (Consultation if necessary) _____

_____

_____

PRENATAL DIAGNOSTICS • PRENATAL SCREENING • GENETIC COUNSELING

PROCEDURE ☐ Amniocentesis ☐ CVS

GENETIC COUNSELING ☐ Positive NIPT ☐ Positive 1st Trimester follow-up ☐ Positive 2nd Trimester follow-up

☐ Other (Reason/Diagnosis) _____

For genetic counseling appointments please include any relevant lab results, and MCV

- **For genetic counseling with possible amniocentesis or CVS, we require:**
  - ◊ **All prenatal records and previous ultrasounds** ◊ **Blood type and RH status**

THANK YOU FOR YOUR ORDER

Obtaining Authorization for PDC services

To obtain a prior authorization for services at UCSF Benioff Children's Physicians Maternal-Fetal Medicine, Prenatal Diagnostic Center, please note the specific information you will need below:

1. We are contracted under the business name: **BayChildren's Physicians** – please give this as our PDC practice name
2. **NPI: 1922124866**
3. **Tax ID # 86-1175591**
4. **Frequently Used CPT Codes – see below ***

Ultrasounds	*** CPT Code**
Ultrasound less than 14 weeks	76801
Ultrasound for Dating	76801
Twins – 76801 + 76802	(*For Multiples Add 76802 per fetus)*
Triplets – 76801 + 76802 + 76802	
Etc…	
Ultrasound for Fetal Anatomy & Pt Less than 35 y/o	76805
Twins – 76805 + 76810	(*For Multiples Add 76810 per fetus)*
Triplets – 76805 + 76810 + 76810	
Etc…	
Ultrasound for Fetal Anatomy & Pt 35 y/o and over	76811
Twins – 76811 + 76812	(*For Multiples Add 76812 per fetus)*
Triplets – 76811 + 76812 + 76812	
Etc…	
Ultrasound Follow-Up	76816
Twins – 76816 + 76816	*(For Multiples Add 76816 per fetus)*
Etc…	
Nuchal Translucency - Singleton	76813
Twins – 76813 + 76814	*(For Multiples Add 76814 per fetus)*
Triplets – 76813 + 76814 + 76814	
Etc…	
Dopplers	
MCA Doppler	76821
UA Doppler	76820
Genetic Counseling	
Genetic Counseling visits	96040 (1 unit = 30 minutes)
**If 96040 is not approved, please request 2 units of*	S0265 (2 units = 30 minutes)
Procedures	
Amniocentesis & Amnio Guidance Ultrasound	59000 + 76946
CVS & CVS Guidance Ultrasound	59015 + 76945

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