

# SCHAFFER, SCHONHOLZ & DROSSMAN, LLP

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## OBSTETRIC ULTRASOUND

### PATIENT REFERRAL INFORMATION

<b>Patient's Name:</b>	<b>Patient's DOB:</b>	<b>Patient's Medicare #:</b>
<b>Referring Physician's Name &amp; Address:</b>		
<b>Referring Physician's Signature:</b>		<b>Date:</b>

X	CODE	OBSTETRICAL ULTRASOUND
	76801	Obstetrical US / Less than 14 weeks
	76802	Additional gestation / Less than 14 weeks
	76811	Obstetrical US / Over 14 weeks
	76812	Additional gestation / Over 14 weeks
	76819	Biophysical Profile
	000.0	Abdominal pregnancy
	046.91	Antepartum hemorrhage, unspecified, first trimester
	046.92	Antepartum hemorrhage, unspecified, second trimester
	046.93	Antepartum hemorrhage, unspecified, third trimester
	046.90	Antepartum hemorrhage, unspecified, unspecified trimester
	000.9	Ectopic pregnancy, unspecified
	034.11	Maternal care for benign tumor of corpus uteri, first trimester
	034.12	Maternal care for benign tumor of corpus uteri, second trimester
	034.13	Maternal care for benign tumor of corpus uteri, third trimester
	036.5910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspec
	036.5920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspec
	036.5930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspec
	030.90	Multiple gestation, unspecified, unspecified trimester
	000.8	Other ectopic pregnancy
	000.2	Ovarian pregnancy
	R10.2	Pelvic and perineal pain
	044.11	Placenta previa with hemorrhage, first trimester
	044.12	Placenta previa with hemorrhage, second trimester
	044.13	Placenta previa with hemorrhage, third trimester
	000.1	Tubal pregnancy
	030.001	Twin pregnancy, unspec number of placenta and unspecified number of amniotic sacs, first trimester
	030.002	Twin pregnancy, unspec number of placenta and unspecified number of amniotic sacs, second trimester
	030.003	Twin pregnancy, unspec number of placenta and unspecified number of amniotic sacs, third trimester

### REFERRING PHYSICIAN

*Please complete the Patient Referral section and place an "X" next to the procedure code and justifiable diagnosis code or provide an alternative diagnosis in the space below*

*\*Please see other side for additional information for your patients*

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