

SCHAFFER, SCHONHOLZ & DROSSMAN, LLP
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OBSTETRIC ULTRASOUND

PATIENT REFERRAL INFORMATION

Patient's Name:	Patient's DOB:	Patient's Medicare #:
Referring Physician's Name & Address:		
Referring Physician's Signature:		Date:

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
	O00.0	Abdominal pregnancy
	O46.91	Antepartum hemorrhage, unspecified, first trimester
	O46.92	Antepartum hemorrhage, unspecified, second trimester
	O46.93	Antepartum hemorrhage, unspecified, third trimester
	O46.90	Antepartum hemorrhage, unspecified, unspecified trimester
	O00.9	Ectopic pregnancy, unspecified
	O34.11	Maternal care for benign tumor of corpus uteri, first trimester
	O34.12	Maternal care for benign tumor of corpus uteri, second trimester
	O34.13	Maternal care for benign tumor of corpus uteri, third trimester
	O36.5910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspec
	O36.5920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspec
	O36.5930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspec
	O30.90	Multiple gestation, unspecified, unspecified trimester
	O00.8	Other ectopic pregnancy
	O00.2	Ovarian pregnancy
	R10.2	Pelvic and perineal pain
	O44.11	Placenta previa with hemorrhage, first trimester
	O44.12	Placenta previa with hemorrhage, second trimester
	O44.13	Placenta previa with hemorrhage, third trimester
	O00.1	Tubal pregnancy
	O30.001	Twin pregnancy, unspec number of placenta and unspecified number of amniotic sacs, first trimester
	O30.002	Twin pregnancy, unspec number of placenta and unspecified number of amniotic sacs, second trimester
	O30.003	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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