



Request for Fetal Therapy Services

OHSU Doernbecher Fetal Therapy

3181 S.W. Sam Jackson Park Road • Portland, OR 97239-3098
tel: 503 346-0644 or 888 346-0644 • fax: 503 346-0645 or 888 346-0645

Please include Patient Demographics sheet and all prenatal records with your referral. To expedite your patient's referral and scheduling, please have your patient call OHSU registration at 503 494-8505.

Thank you for referring your patient to Oregon Health & Science University.

Date: _____

Patient Information

Patient Name: _____

Patient DOB: ____/____/____ Contact Phone: _____

Patient Insurance Information (Please attach copy of insurance card)

Insurance Company: _____

Payor Name: _____

Subscriber Name: _____

Subscriber DOB: ____/____/____ Subscriber ID: _____

Referral/Auth (if necessary) _____

Please indicate referral type:

Fetal Therapy

- Consultation**
with Perinatologist and Ultrasound
- Transfer Care**
- Consultation**
with Genetic Counselor
- Consultation**
with Pediatric Specialist

Imaging only

- Ultrasound**
- Fetal Echo**

This visit is:

- Routine/schedule within 30 days**
- Semi urgent/schedule within 2 weeks**
- Urgent, please call 503 346-0644 and ask for Fetal Therapy Program Coordinator**

For urgent appointments, please call 503 346-0644 or 888 346-0644

Clinical Indication for Services Requested*

ICD-9 Code: _____ EDD: _____

Description: _____

Please include:

- Progress notes
- Imaging, ultrasound, scans
- Labs
- Other _____

Requesting Provider Information

Provider Name: _____ NPI: _____

Clinic: _____ Phone: _____

email: _____ Office contact: _____

Signature: _____ Date: _____

* Due to CMS Program Memorandum AB-01-144 Change Request 1724, dated September 26th, 2001 effective January 1, 2002 referring diagnosis is required for diagnostic testing. Suspected or rule-out statements are not applicable; if no confirmed diagnosis, please list symptoms.



Common ICD-9 Fetal-maternal Codes

ICD-9	Fetal Abnormality
655.83	Abdominal Wall Anomalies, NEC(eg Gastroschisis / Omphalocele)
659.73	Abnormality in Heart Rate or Rhythm
655.93	Abnormality NOS
655.83	Bladder Outlet Obstruction
655.83	Cardiac Condition
655.13	Chromosomal Abnormality
655.83	Congenital Anomalies
655.03	CNS Malformation
655.73	Decreased Fetal Movement
655.83	Gastroschisis
655.83	Heart Anomaly - Congenital Fetus, NOS
655.83	Hypoplastic Left Heart Syndrome
655.23	Hereditary Disease, NOS (w/ possibility affecting fetus)
656.63	Large for Dates [Excess Fetal Growth]
656.53	Small for Dates [Poor Fetal Growth]
663.63	Umbilical Cord 2 Vessels
651.03	Twin Pregnancy
651.13	Triplet Pregnancy
651.23	Quadruplet Pregnancy
655.23	Hereditary disease in family possibly affecting fetus