

OHSU Perinatal Center

3181 S.W. Sam Jackson Park Road • Portland, OR 97239-3098

tel: 503 418-4200 • fax: 503 494-2759

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

Please have patient contact registration (503 494-8505) to pre-register before scheduling appointments.

Please indicate referral type:

Consultation

- Consultation**
with Perinatologist and Ultrasound
- Establish/Transfer** Obstetric Care
- Consultation**
with Genetic Counselor (96040)

Prenatal Diagnosis

(Includes Genetic Counseling)

- First Trimester Screening**
11.0 - 13.6 weeks
(nuchal translucency - 76813)
- Quadruple Marker Screening**
15.0 - 20.0 weeks
- Chorionic Villus Sampling**
11.0 - 13.6 weeks
- Amniocentesis**
15.0 - 22.0 weeks

Ultrasound

(May include Genetic Counseling)

- Dating, Viability**
(76801)
- Anatomy Scan**
(76805, 76811)
- Limited Scan**
(76815)
- Growth/Follow-up Scan**
(76816)
- Transvaginal**
(76817)
- Fetal Echo**
(93325, 76820, 76825)

Nutritional Counseling

- Initial**
(97802)
- Follow-up X** _____
(97803)

Date: _____

Patient Information

Patient Name: _____

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

Clinical Indication for Services Requested (Rule out statements are not acceptable*)

Please include the ICD-9 code and/or description as well as LMP or EDC.

Please see page 2 for common ICD fetal-maternal codes.

ICD-9 Code: _____ EDC: _____

Description: _____

Insurance Information (Please attach copy of insurance card)

Patient Insurance Company: _____

Payor Name: _____

Subscriber Name: _____

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

Referral/Auth (if necessary) _____

Referring provider is responsible for contacting insurance company and initiating referrals for visits/procedures that are requested. This needs to be done when sending this form and records to our clinic.

Fax ALL obstetric and appointment-related medical records, including current lab report documenting blood type and antibody screen, and ultrasounds. Records must be received prior to scheduling.

Requesting Provider Information

Provider Name: _____ NPI: _____

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	641.93	Antepartum Hemorrhage - NOS
655.83	Abdominal Wall Anomalies, NEC(eg Gastroschisis / Omphalocele)	656.13	Anti Big E Antibodies
659.73	Abnormality in Heart Rate or Rhythm	656.23	Oth. BGI Isoimmunization (eg anticardiolipin antib.)
655.93	Abnormality NOS	648.73	Back Pain Comp Pregnancy NOS
655.83	Bladder Outlet Obstruction	652.23	Breech Presentation w/out mention of version
655.83	Cardiac Condition	648.63	Cardiovascular Diseases Comp Pregnancy
655.13	Chromosomal Abnormality	674.03	Cerebrovascular Disorder Unspec Comp Pregnancy
655.83	Congenital Anomalies	654.63	Cervical Abnormality, Congenital or Acquired
655.03	CNS Malformation	654.53	Cervical Incompetence
655.73	Decreased Fetal Movement	649.7	Cervical Shortening
655.83	Gastroschisis	618.84	Cervical stiump prolapse
655.83	Heart Anomaly - Congenital Fetus, NOS	648.93, 576.8	Cholestasis of Pregnancy
655.83	Hypoplastic Left Heart Syndrome	654.03	Congenital Abnormalty of Uterus Comp Pregnancy
655.23	Hereditary Disease, NOS (w/ possibility affecting fetus)	648.53	Congenital CV Disorder Comp Pregnancy
656.43	Intrauterine Fetal Demise > 22wks	648.93, 286.3	Congenital Defcy Clot Factor NEC
656.63	Large for Dates [Excess Fetal Growth]	648.93, 555.9	Crohn's Disease (Regional Enteritis)
632	Missed Abortion < 22 WKS	648.93, 909.5	DES Exposure
656.53	Small for Dates [Poor Fetal Growth]	648.83	Diabetes, Gestational
655.33	Suspected Damage to Fetus from Viral Disease in Mother	648.03	Diabetes, Pre-existing
663.63	Umbilical Cord 2 Vessels	648.33	Drug Dependency, Comp Pregnancy
V23.7	Insufficient Prenatal Care	671.33	DVT
V23.2	Pregnancy with History of Abortion	646.13	Edema, Gestational
V23.0	Pregnancy with History of Infertility	649.43	Epilepsy complicating pregnancy
V23.41	Pregnancy with History of Pre-Term Labor	648.93, 057.0	Erythema Infectiosum (5th disease)
V23.49	Pregnancy with Other Poor Obstetrical History (eg Previous Pre-Eclampsia)	646.33	Habitual Aborter >3, Currently Pregnant
V23.5	Pregnancy with History of Stillbirth or Neonatal death	655.23	Hereditary disease in family possibly affecting fetus
651.03	Twin Pregnancy	643.03	Hyperemesis Gravidarum, Mild (starting <23 wks)
651.33	Twin Preg. w/Fetal Loss w/ retention of one fetus	643.13	Hyperemesis Gravidarum w/Metabolic Disturbance
651.13	Triplet Pregnancy	618.89	Inlammatory disease of the cervix
651.43	Triplet Preg. w/Fetal Loss w/ retention of 1 or more fetus(s)	643.23	Late Vomiting of Pregnancy (starting >23wks)
651.23	Quadruplet Pregnancy	V23.5	History of Stillbirth or Neonatal death, Pregnant
651.53	Quad. Preg. w/Fetal Loss w/ retention of 1 or more fetus(s)	642.03	HTN (pre-existing, Benign) Comp Pregnancy
651.83	Other Specified Multiple Gestation	642.23	HTN (pre-existing, Malignant) Comp Pregnancy
651.63	Oth. Multiple Gestation w/ Fetal Loss, w/ retention of one or more fetus(s)	642.13	HTN 2ndary to Renal Disease Comp Pregnancy
659.63	Advanced Maternal Age - Multigravida > age 35 at time of delivery	642.33	HTN Transient (Gestational)
659.53	Advanced Maternal Age - Primigravida > age 35 at time of delivery	646.63	Infections of genitourinary tract in pregnancy
648.23	Anemia in Pregnancy	V23.7	Insufficient Prenatal Care
		656.13	Isoimmunization, RH (eg Anti-D [Rh] antibodies)
		656.23	Isoimmunization Oth. BGI (eg anticardiolipin antib.)
		648.93, 710.0	Lupus Erythematosus
		648.93, 759.82	Marfan's Syndrome