



# WOMEN'S IMAGING - Hudson Valley Radiology Associates

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Universal Fetal Cardiac Ultrasound -  
At the Heart of Newborn Well-Being

Patient Name: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
CC: \_\_\_\_\_

History: \_\_\_\_\_  
Date: \_\_\_\_\_  
Chart Diagnosis, ICD9 Code \_\_\_\_\_

## GYNECOLOGY (TA=Transabdominal, TV=Transvaginal, US=Ultrasound)

- \_\_\_\_\_ TA Pelvic US 76856
- \_\_\_\_\_ Include TV US if necessary 76830
- \_\_\_\_\_ TV Pelvic US 76830
- \_\_\_\_\_ Include TA US if necessary 76856
- \_\_\_\_\_ Arterial & Venous Doppler 93975 if necessary
- \_\_\_\_\_ Pelvic MR with Gadolinium if necessary 72195, 72196, 72197
- \_\_\_\_\_ Pelvic CT with oral including IV contrast if necessary 72192, 72193, 72194
- \_\_\_\_\_ Abdomen & Pelvic CT with oral including IV contrast if necessary 74150, 72192; 74160, 72193; 74170, 72194
- \_\_\_\_\_ Hysterosalpingogram - x-ray\* 74740, 58340
- \_\_\_\_\_ Hysterosalpingogram with Fallopian Tube Recanalization 74740, 58340, 74742, 58345

### Unscheduled Bleeding

(Schedule 1-3 days after cessation of bleeding)

- \_\_\_\_\_ TV Pelvic US 76830
- \_\_\_\_\_ Saline Infusion Sonohysterography (SIS)\* with TV Ultrasound 76831, 58340, 76830
- \_\_\_\_\_ TV Pelvic US with SIS if indicated\* 76830#, 76831, 58340

## BREAST IMAGING

- \_\_\_\_\_ Breast MRI Unilateral 77058\*
- \_\_\_\_\_ Breast MRI Bilateral 77059\*
- \_\_\_\_\_ Screening Mammogram 77057
- \_\_\_\_\_ Diagnostic Mammogram Unilateral \_\_\_\_\_L \_\_\_\_\_R 77055
- \_\_\_\_\_ Include Breast US if necessary 76645
- \_\_\_\_\_ Diagnostic Mammogram Bilateral 77056
- \_\_\_\_\_ Breast US (Targeted) 76645
- \_\_\_\_\_ Include Mammogram if necessary 77056 or 77055
- \_\_\_\_\_ Screening Breast US 76645

### BONE DENSITY (DEXA) 77080

### OTHER EXAM: \_\_\_\_\_

## OBSTETRICAL

Fetal cardiac ultrasound (CPT 76825) of the general population is necessary because the great majority of congenital heart defects (CHD) have no identifiable risk factors. CHDs are the most common congenital abnormality found at birth (5 per 1,000) and heart defects are associated with the highest risk of neonatal morbidity and mortality of all congenital malformations. Aneuploidy risk assessment necessitates fetal cardiac US because 50-60% Down syndrome and 90% of tri18 and tri13 demonstrate CHD. Duplex Doppler color flow mapping (CPT 93976) is necessary to characterize fetal and placental site of cord insertions as it relates to the identification of single umbilical artery and velamentous cord insert - important risk factors for aneuploidy, syndromic dysmorphology, IUGR and etiologies of third trimester bleeding and abruption (vasa previa, succenturiate and circumvallate placentation). Color flow mapping 93325 necessary to assess cardiovascular signs of Down syndrome - aberrant right subclavian artery, septal defects, tricuspid regurgitation, umbilical & ductus venous anomalies.

- \_\_\_\_\_ **Check Here for Twins** \_\_\_\_\_ 3D\* US if necessary 76376
- \_\_\_\_\_ Ob US <14 wks - TV and TA if necessary 76817 +/- 76801
- \_\_\_\_\_ First Trimester Screening - Nuchal Translucency 11-14 wks\* 76813 must be accompanied by \_\_\_\_\_ TA +/- TV Ob US 76801 +/- 76817
- \_\_\_\_\_ Ob US 14-17 wks 76805 - prior to initial detailed anatomic exam
- \_\_\_\_\_ TA, TV 14-16 wk Fetal Cardiac L2 Ob US\* 76811, 76825, 93325, 76817
- \_\_\_\_\_ Detailed Ob US 18-22 wks 76811, 76825, 93976
- \_\_\_\_\_ Cardiovascular Genetic Level 2 Ob US - 90% Down syndrome detection 76811, 76825, 93976, 93325 with Cardiac doppler if necessary 76827
- \_\_\_\_\_ Detailed Ob US 76811 does not include color doppler or 2D cardiac
- \_\_\_\_\_ Non-Detailed Ob US 76805 - does not evaluate face, extremities, cardiac outflow tracts (30% of congenital heart disease will be missed.)
- \_\_\_\_\_ Fetal Echo Cardiac US\* 2D, Doppler, color flow 76825, 76827, 93325
- \_\_\_\_\_ Third trimester Ob US 76805 after detailed 76811 exam for fetal and maternal pathology: lga/sga, poly/oligo, pain, diabetes, fetal anatomy. Recommended for, but not limited to, V23 codes.
- \_\_\_\_\_ F/U Ob US 76816 - weight, fluid, lie **only**
- \_\_\_\_\_ Limited Ob US 76815 - viability, lie, fluid or additional views **only**
- \_\_\_\_\_ TV Ob US for Cervix 76817
- \_\_\_\_\_ Amniocentesis with Ob US 76946, 59000, 76805
- \_\_\_\_\_ Amniocentesis 76946, 59000
- \_\_\_\_\_ Biophysical Profile. 76819 - Must Provide clinical indication \_\_\_\_\_
- \_\_\_\_\_ Ob US 76805 - weight, fetal and maternal pathology.
- \_\_\_\_\_ F/U Ob US 76816 - weight, fluid, lie **only**
- \_\_\_\_\_ Fetal MR\* 72195

## See reverse side for Patient Payment and Insurance responsibilities.

### Specific Clinical Conditions that may require Arterial & Venous Doppler and/or Color Flow Mapping

- Pelvic Pain** - Assess for adnexal/ovarian torsion
  - \_\_\_\_\_ TV Pelvic US, include TA US if necessary 76830, 76856
  - \_\_\_\_\_ Arterial & venous doppler with color flow mapping 93976#
- Adnexal Mass** - Risk assessment for ovarian malignancy, (postmenopausal adnexal mass, premenopausal adnexal mass persistently complex on follow-up US studies)
  - \_\_\_\_\_ TA and/or TV Pelvic 76856/76830
  - \_\_\_\_\_ Arterial & venous doppler with color flow mapping if necessary 93976# (not covered by medicare - contact us for payment policy)
- Past history – toxemia, abruption, IUGR**
  - \_\_\_\_\_ Optimize risk assessment for recurrence – uterine artery color doppler 93976
- Growth Restriction** - Assess for uteroplacental insufficiency, chronic hypoxia, metabolic acidosis (EFW <20%)
  - \_\_\_\_\_ Ob US 76805
  - \_\_\_\_\_ Biophysical Profile 76819
  - \_\_\_\_\_ Doppler velocimetry of fetal umbilical and middle cerebral artery 76820, 76821
  - \_\_\_\_\_ Doppler Color Flow of uterine arteries, umbilical vein and/or ductus venosus 93976
- Fetal Anemia** - Parvovirus exposure, fetal hemolytic disease
  - \_\_\_\_\_ Ob US 76805
  - \_\_\_\_\_ Doppler velocimetry of middle cerebral artery 76821
- Twin Gestation** - Assess for coexisting conditions that may increase risk: cervical shortening & funneling, velamentous cord insertion
  - \_\_\_\_\_ Multiorder Ob US 76811, 76812
  - \_\_\_\_\_ TV Ob US for Cervix-placenta if necessary 76817
  - \_\_\_\_\_ Arterial & venous doppler with color flow mapping if necessary 93976
- Second & Third Trimester Bleeding** - Assess for abruption aberrant placentation, velamentous cord insertion, vasa previa
  - \_\_\_\_\_ Ob US 76805
  - \_\_\_\_\_ TV Ob US for Cervix-placenta if necessary 76817
  - \_\_\_\_\_ Arterial & venous doppler with color flow mapping if necessary 93976
- Aberrant Placentation** - Assess for lowlying, previa succentuate, increta/percreta
  - \_\_\_\_\_ F-M Ob US 76805
  - \_\_\_\_\_ TV Ob US for Cervix-placenta if necessary 76817
  - \_\_\_\_\_ Arterial & venous doppler with color flow mapping if necessary 93976

All studies are available at Mid Rockland Imaging. \* = Contact nearest facility for availability. # = ABN required for Medicare patients. Precertification may be required for non-Medicare patients.

Visit our Web Site at [www.HVRA.com](http://www.HVRA.com)

## Payment and Insurance Policies

**It is the patient's responsibility to determine prior to your appointment whether or not the procedures requested by your physician require pre-authorization and/or referral and whether or not the procedures will be covered by your particular insurance plan.** If a pre-authorization and/or referral are required for the procedure, you must obtain it prior to your appointment. (Please contact our insurance staff in advance if you have any questions regarding insurance requirements.) If a co-payment is required for your visit, it is required to be paid at the time of service. All patient charges are your responsibility. Therefore, it is recommended that if you are unsure as to whether or not this procedure will be covered, you should contact your insurance company directly.

If your insurance company requires a pre-authorization and/or referral and you do not have it at the time of the visit, or your insurance company denies authorization, or your physician cannot provide it prior to your exam, you will be asked to sign a release indicating that you agree to be responsible for your bill. The full fee for your procedure will be required at the time of service. In that situation, we will not bill your insurance carrier.

If we do not accept your insurance coverage, or if you do not have health insurance, please note that payment, in full, is expected at the time of service, unless prior arrangements have been made with our office. We accept personal checks, Mastercard and Visa. All patients should bring their insurance identification cards (if applicable), pre-authorization and/or referral numbers (if applicable), prescription and any other pertinent information at the time of their appointment.

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### **Why do we recommend performance of an 18-22 week obstetrical ultrasound study that exceeds national accreditation and insurance guidelines even in the "low risk" patient?**

Birth defects are the single most common cause of newborn death in developed countries. Approximately 3% of newborns have a birth defect and at least 5% will ultimately be diagnosed with a congenital defect. Because most birth defects (including the heart) occur in the absence of family history or known risk factors, every pregnancy must be considered at risk for a significant birth defect. Therefore, it is clear that initial detection of birth defects require screening of all pregnancies

**At the time of your detailed obstetrical ultrasound your doctor may request or if we feel it is medically necessary to perform 2D fetal cardiac and/or color Doppler to make sure that there are no conditions which might hurt you or your baby.**

The community standard that defines our imaging protocol is influenced by our proximity to tertiary care centers performing neonatal cardiac surgery. Antenatal detection of congenital heart disease with nonemergent delivery at such centers has proven to improve neonatal outcome. Our protocols, therefore, must detect pathologies whose treatment will effect outcome and exclude those pathologies that would preclude delivery at a community hospital setting.

2D fetal cardiac (CPT 76825) ultrasound is needed for looking at fetal heart problems. Fetal heart problems are the most common organ problem found in newborns and heart defects are associated with the highest degree of newborn death and sickness. The great majority of heart problems occur in the absence of family history or known risk factors. Optimization of risk assessment for chromosomal abnormalities necessitates evaluation for congenital heart disease because approximately 50% of Down syndrome fetuses and approximately 90% of trisomy 18 and trisomy 13 fetuses will have identifiable heart defects.

Doppler color flow (CPT 93976) shows the number of blood vessels in the umbilical cord, which if abnormal, represents a large risk factor for problems associated with organ malformations, fetal chromosomes, low birth weight, prematurity and perinatal death. Doppler color flow also shows the placental site of umbilical cord attachment, which, if not normal, can be linked to potentially life threatening (mother and fetus) third trimester bleeding.

**Unfortunately, certain insurance companies or plans may not always cover 2D fetal cardiac or color Doppler.** To help you deal with your insurance company, clinical diagnosis codes and a reference list from the medical literature documenting medical necessity of these procedures is available upon request.

**Occasionally observations will arise at the time of your ultrasound study that necessitates performance of additional ultrasound procedures to complete our evaluation. These could not be anticipated by your physician.** Depending upon the specifics of your case these maybe emergent or nonemergent. We will inform you of these issues and will obtain approval from your physician's office. Our reports will clearly document the medical necessity of any additional procedures. Depending upon your particular insurance plan, these may or may not require pre-authorization and may or may not be covered. Alternatively, if nonemergent, you can schedule for these additional procedures after checking with your insurance company. **If you would like us to complete our evaluation during the same visit you will need to accept financial responsibility for any fee not covered.**