HUDSON VALLEY RADIOLOGY ASSOCIATES
PREMIER WOMEN'S IMAGING SERVICES

Fetal Cardiac Ultrasound-
At the Heart of Newborn Well-Being
Accredited by the AIUM in Fetal Echocardiography

Today's Date: _____

Patient Name: _____ Date of Birth: _____ Patient Phone: _____

Clinical History/Reason for Exam: _____

Referring Phycian: _____ Physician Signature: _____

CC: _____ Chart Diagnosis, ICD-10 Code: _____

## OBSTETRICAL IMAGING

DR = Detection Rate, CHD = Congenital Heart Disease, PCI = Placental Cord Insert, IP/PRAOO = impaired placentation/placenta related adverse obstetrical outcomes

**Visit www.HVRA.com/our-services/physicians for literature references**

- ☐ **Indicate if late registrant and/or declined screening and/or karyotyping - *O09.32***
- ☐ **Check here for twins**
- ☐ SGA-fetal / maternal arterial / venous Doppler if necessary 93975, 76820, 76821. *O36.510, Z13.6*
- ☐ Placenta Dysfunction risk assessment, IP / PRAOO - uterine artery Doppler and PCI 93975. *O36.150, Z13.6*

- ☐ 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
- ☐ First Trimester Preeclampsia Screening 93976, *O36.5121*
- ☐ Modified Sequential Screen
- ☐ Fetal DNA Screening

- ☐ TA, TV 14-16 wk Fetal Cardiac L2 Ob US 76811, 76825, 93325, 76817
- ☐ **Non-Detailed Ob US 76805 - recommended by professional organizations for low-risk pregnancies.** As per AIUM, outflow tract views ***limited*** to proximal segments. *Z34.82 - supervision of normal pregnancy.*
- ☐ Detailed Ob US 76811. As per AIUM, outflow tract views ***limited*** to proximal and mid segments. Does not include screening for IP/PRAOO. *Z36 – antenatal screening of mother, O35.8XX1 – maternal care for suspected fetal abnormality.*
- ☐ Detailed Ob US 76811, 76825, 93975. Includes 2D fetal cardiac, PCI and Doppler for IP/PRAOO. *Z36, O35.8XX1, Z03.72, O36.150, Z13.6 observation for other suspected diseases ruled out.*

- ☐ Cardiovascular Genetic Level 2 Ob US 76811, 76825, 93975, 93325, 90% T21 DR. Includes IP/PRAOO
  - § <35 yoa, *Z13.79- screening for genetic and chromosomal anomalies Z03.72, Z36, O35.8XX1*
  - § AMA, *O09.512/O09.522* in addition to above codes
- ☐ 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. *O35.9XX1 - maternal care for suspected fetal abnormality; O36.5 – maternal care for suspected poor fetal growth.*
- ☐ F/U Ob US 76816 - weight, fluid, lie only. *O36.5 - maternal care for suspected poor fetal growth.*
- ☐ Limited Ob US 76815 - viability, lie, fluid or additional views only
- ☐ Biophysical Profile 76819 - provide clinical indication

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Add
- ☐ Ob US 76805 - weight, fetal and maternal pathology
- ☐ F/U Ob 76816 - weight, fluid, lie only

- ☐ TV Ob US for Cervix 76817
- ☐ Amniocentesis with Ob US 76946, 59000, 76805
- ☐ Amniocentesis 76946, 59000

- ☐ 3D US if necessary 76376
- ☐ Fetal MR 74712 (1 gestation), 74713 (each additional)
- ☐ Placenta MR 72195
- ☐ Consultation 99213

### Introduction to Obstetrical Imaging

Cardiac ultrasound (CPT 76825) has the highest sensitivity for CHD. CHD occurs most commonly in low-risk patients. It is the most common congenital malformation and yet has the highest neonatal morbidity and mortality. 30-40% of Tri 21 and 90% of Tri 13/18 demonstrate CHD.

Fetal arterial/venous color Doppler (CPT 93975) helps detect PCI, 2 vs 3 vessel cord, aberrant right subclavian artery, fetal venous malformations. These can indicate aneuploidy and syndromic dysmorphology.

Therefore, if one chooses to optimize CHD and syndrome detection and aneuploidy risk assessment, then cardiac ultrasound CPT 76825 and fetal arterial / venous color Doppler CPT 93975 would be necessary.

## GYNECOLOGY

- ☐ TA Pelvic US 76856
  - ☐ include TV US if necessary 76830
- ☐ TV Pelvic US 76830
  - ☐ include TA US if necessary 76856
  - ☐ Arterial & Venous duplex 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 74176, 74177, 74178
- ☐ Hysterosalpingogram - x-ray 74740, 58340
- ☐ Fallopian Tube Recanalization (Selective Salpingography and HSG) 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

9/16

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**HVRA of Intercounty** 955 Yonkers Ave, Rm 14, Yonkers, NY 10704 • P: 914-776-7700 • F: 914-776-7789
**HVRA of Westchester** 115 Main St, Tuckahoe, NY 10707 • P: 914-793-1234 • F: 914-793-4744
**Mid Rockland Imaging** 18 Squadron Blvd, New City, NY 10956 • P: 845-634-9729 • F: 845-634-9018
**HVRA of Bronxdale** 2016 Bronxdale Ave, Ste 102, Bronx, NY 10462 • P: 718-960-9033 • F: 718-823-5131
**New Paltz Imaging** 3 Cherry Hill Rd, Ste 1, New Paltz, NY 12561 • P: 845-255-9700 • F: 845-255-0982

# Payment and Insurance Policies

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

# Why We May Suggest Additional Diagnostic Exams

**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 2D fetal cardiac and/or color Doppler. We may also request these exams if we feel it is medically necessary to perform them to make sure that there are no conditions that 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 examing 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 procedures cannot 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 to be performed 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.**