

ORDER FORM

PRENATAL DIAGNOSIS CENTER

2920 Telegraph Ave, Suite 200, Berkeley, CA 94705 • Telephone (888) 597-8227 • Fax (510) 601-7092

PATIENTS: PLEASE BRING THIS FORM, INSURANCE CARD AND A VALID PHOTO ID TO EVERY APPOINTMENT

Provider & Facility Name _____	Phone _____
Provider Signature (required) _____	Date _____ Fax _____

- PLEASE PROVIDE PRIOR AUTHORIZATION ACCORDING TO PATIENT'S INSURANCE •
- WE ARE UNABLE TO SCHEDULE WITHOUT AN AUTHORIZATION NUMBER •

• PLEASE PROVIDE COPY OF PATIENT DEMOGRAPHICS and COPY OF BOTH SIDES OF INSURANCE CARD •

Patient Name _____ DOB _____ Phone _____

LMP _____ EDC _____ Gravida ____ Para ____ Vag ____ C/S ____

Current Pregnancy Current Wt ____ Ht ____ Pregravid Wt ____ BMI ____ Singleton Twins Unknown

Previous Ultrasounds for this Pregnancy

Date _____ Where _____

INDICATIONS FOR ORDER – Clinical Diagnosis / Reason for Service(s)

ULTRASOUND

- | | |
|---|--|
| <input type="checkbox"/> Early Ultrasound – Viability (Consultation if necessary)
<input type="checkbox"/> Nuchal Translucency Form (Consultation if necessary)
F # _____ (REQUIRED)
<input type="checkbox"/> Comprehensive Anatomic Survey (Consultation if necessary)
S # _____ (REQUIRED)
<input type="checkbox"/> Follow-up Ultrasound (Consultation if necessary)
Reason _____ | <input type="checkbox"/> Cervical Length (Consultation if necessary)
<input type="checkbox"/> Second Opinion for Prior Abnormal Ultrasound
(Consultation if necessary) ** (please provide report) **
<input type="checkbox"/> UA/MCA Doppler (Consultation if necessary)
<input type="checkbox"/> Other (Consultation if necessary) _____

_____ |
|---|--|

PRENATAL DIAGNOSTICS • PRENATAL SCREENING • GENETIC COUNSELING

PROCEDURE Amniocentesis CVS

GENETIC COUNSELING Positive NIPT Positive 1st Trimester follow-up Positive 2nd Trimester follow-up
 Other (Reason/Diagnosis) _____

For genetic counseling appointments please include any relevant lab results, and MCV

- For genetic counseling with possible amniocentesis or CVS, we require:
 - ◊ All prenatal records and previous ultrasounds
 - ◊ Blood type and RH status

THANK YOU FOR YOUR ORDER

Obtaining Authorization for PDC services

To obtain a prior authorization for services at UCSF Benioff Children's Physicians Maternal-Fetal Medicine, Prenatal Diagnostic Center, please note the specific information you will need below:

1. We are contracted under the business name: **BayChildren's Physicians** – please give this as our PDC practice name
2. **NPI: 1922124866**
3. **Tax ID # 86-1175591**
4. **Frequently Used CPT Codes – see below ***

<u>Ultrasounds</u>	<u>* CPT Code</u>
Ultrasound less than 14 weeks	76801
Ultrasound for Dating	76801
Twins – 76801 + 76802	<i>(For Multiples Add 76802 per fetus)</i>
Triplets – 76801 + 76802 + 76802	
Etc...	
Ultrasound for Fetal Anatomy & Pt Less than 35 y/o	76805
Twins – 76805 + 76810	<i>(For Multiples Add 76810 per fetus)</i>
Triplets – 76805 + 76810 + 76810	
Etc...	
Ultrasound for Fetal Anatomy & Pt 35 y/o and over	76811
Twins – 76811 + 76812	<i>(For Multiples Add 76812 per fetus)</i>
Triplets – 76811 + 76812 + 76812	
Etc...	
Ultrasound Follow-Up	76816
Twins – 76816 + 76816	<i>(For Multiples Add 76816 per fetus)</i>
Etc...	
Nuchal Translucency - Singleton	76813
Twins – 76813 + 76814	<i>(For Multiples Add 76814 per fetus)</i>
Triplets – 76813 + 76814 + 76814	
Etc...	
<u>Dopplers</u>	
MCA Doppler	76821
UA Doppler	76820
<u>Genetic Counseling</u>	
Genetic Counseling visits	96040 (1 unit = 30 minutes)
<i>*If 96040 is not approved, please request 2 units of</i>	S0265 (2 units = 30 minutes)
<u>Procedures</u>	
Amniocentesis & Amnio Guidance Ultrasound	59000 + 76946
CVS & CVS Guidance Ultrasound	59015 + 76945

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