



Multiple Pregnancies

| | |
|-----------|----------------------------------|
| | Patient Name: |
| Diagnosis | Diagnosis, if known or rule out: |
| | ICD-10 Codes: |
| | Date of last visit: |

| | |
|---|---|
| Clinical Information | 1. Patient Estimated Delivery Date (EDC): |
| | 2. Patient age at EDC: |
| | 3. Gravida (G) _____ Para (P) Term ___ Preterm ___ Abortion/Miscarriage ___ Living _____ |
| | 4. Number of gestations (babies): |
| | 5. What is the date of the first Obstetrical office visit for this pregnancy? |
| | 6. <input type="checkbox"/> Suspected Multiple Pregnancies |
| | First Trimester Ultrasound - < 14 weeks <input type="checkbox"/> CPT© 76801 <input type="checkbox"/> CPT© 76802(Quantity _____) AND/OR <input type="checkbox"/> CPT ©76817 Gestational age at time of imaging _____ |
| | 7. <input type="checkbox"/> Dichorionic Multiple Pregnancies |
| | Complications Present <input type="checkbox"/> Discordant Twins (please see section 9) <input type="checkbox"/> Fetal Growth Restriction (please see section 10) <input type="checkbox"/> Other _____ |
| | Fetal Anatomy Scan – Optimally completed at ≥ 18 weeks, may be considered at ≥ 16 weeks <input type="checkbox"/> CPT© 76811 <input type="checkbox"/> CPT© 76812 (Quantity _____) Gestational age at time of imaging _____ |
| If an IVF pregnancy Fetal Echocardiogram, suggested at ≥ 18 weeks gestation <input type="checkbox"/> CPT© 76825 <input type="checkbox"/> CPT© 76827 <input type="checkbox"/> CPT© 93325 Gestational age at time of imaging _____ | |
| Growth Ultrasound – Suggested starting at 23 weeks <input type="checkbox"/> CPT© 76816 Gestational age at time of initial imaging _____ Frequency of imaging _____ Quantity _____ | |
| Biophysical Profile OR Modified BPP – Typically begins at 32 weeks (or sooner depending on additional risk factors) | |



CPT© 76818 **OR** CPT© 76819 **OR** CPT© 76815
Gestational age at time of initial imaging _____
Frequency of imaging _____
Quantity _____

8. Monochorionic-Diamniotic or Monochorionic-Monoamniotic Multiple Pregnancies

Complications Present

- Discordant Twins (**please see section 9**)
- Fetal Growth Restriction (**please see section 10**)
- Twin to Twin Transfusion Syndrome (TTTS) (**please see section 11**)
- Other _____

Fetal Anatomy Scan – Optimally completed at ≥ 18 weeks, may be considered at ≥ 16 weeks

- CPT© 76811 CPT© 76812 (Quantity _____)
- Gestational age at time of imaging _____

Fetal Echocardiogram – Suggested at ≥ 18 weeks gestation

- CPT© 76825 CPT© 76827 CPT© 93325
- Gestational age at time of imaging _____

Growth Ultrasound – Following Anatomic ultrasound suggested starting at 16 weeks

- CPT© 76816
- Gestational age at time of initial imaging _____
- Frequency of imaging _____
- Quantity _____

Biophysical Profile **OR** Modified BPP – Typically begins at 32 weeks
(or sooner depending on additional risk factors)

- CPT© 76818 **OR** CPT© 76819 **OR** CPT© 76815
- Gestational age at time of initial imaging _____
- Frequency of imaging _____
- Quantity _____

Middle Cerebral Artery Doppler – Suggested starting at ≥16 weeks to monitor for TTTS

- CPT© 76821
- Gestational age at time of initial imaging _____
- Frequency of imaging _____
- Quantity _____

9. Discordant Twins ≥ 20%

Growth Ultrasound

- CPT© 76816
- Gestational age at time of initial imaging _____
- Frequency of imaging _____
- Quantity _____

Biophysical Profile **OR** Modified BPP

- CPT© 76818 **OR** CPT© 76819 **OR** CPT© 76815
- Gestational age at time of initial imaging _____
- Frequency of imaging _____



Quantity _____

Umbilical Artery Doppler

CPT© 76820

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

10. **Fetal Growth Restriction (EFW \leq 10th percentile or AC \leq 10th percentile)**

Growth Ultrasound

CPT© 76816

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

Biophysical Profile **OR** Modified BPP

CPT© 76818

OR CPT© 76819

OR CPT© 76815

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

Middle Cerebral Artery Doppler

CPT© 76821

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

Umbilical Artery Doppler

CPT© 76820

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

11. **Twin to Twin Transfusion Syndrome (TTTS)**

Growth Ultrasound – Suggested starting at 16 weeks

CPT© 76816

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

Biophysical Profile **and/or** Limited Ultrasound

CPT© 76818

OR CPT© 76819

CPT© 76815

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

Middle Cerebral Artery Doppler – Suggested starting at 16 weeks

CPT© 76821

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____



Umbilical Artery Doppler

CPT© 76820

Gestational age at time of initial imaging _____

Frequency of imaging _____

Quantity _____

12. Additional Factors Complicating Pregnancy:

None

To facilitate processing your request please submit relevant prenatal record

Who is making this request?

Ordering Physician Facility Other:

Print Name:

Title: MD RN LPN PA NP Other:

Signature:

Submitter