



OB Ultrasound CHECKLIST

This OB Ultrasound Checklist was prepared as a resource to you so that you can be aware of what information will be needed when requesting prior authorization for all OB ultrasounds beyond the first two.

For the intake process, please provide:

1. The estimated date of confinement (EDC) – “due date”.
2. Type of ultrasound (CPT code) for the requested service.
3. The number of outpatient ultrasounds already completed for this pregnancy.
4. The primary reason for this study and the ICD-9 diagnostic code.
5. Information that supports or validates the specific clinical conditions reported.
6. If the request is for a biophysical profile, the results of a recent Non-Stress Test (NST).

When a request requires clinical review, please also be prepared to provide:

7. Presenting symptoms and duration.
8. Prior pregnancy complications.
9. Maternal, obstetrical, and fetal complications for this pregnancy.
10. Known family history of genetic conditions affecting this pregnancy.
11. When requested, reports of previous scans OR type of ultrasound (CPT code), date of service and ICD9 for each ultrasound already provided for this pregnancy.
12. For some cases, additional documentation by fax, such as:
 - a. The current problem list.
 - b. Supporting documentation for issues noted above, including clinical notes, lab reports, previous ultrasound results, etc.

Helpful Hint: When submitting a request via RadMD, additional information in support of the request can be added in the free text field where the reason for the exam is stated, up to 4000 characters.

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