

INSURANCES

REQUIRE AUTHORIZATION:

INS MEDICAL GROUP

***IEHP** DIRECT, PHYSICIANS HEALTH NET WORK(PHN), REGAL MED GROUP(RMG), INLAND HEALTH CARE GROUP(IHG), LA SALLE, MCKINLEY,VANTAGE

***MOLINA** PHYSICIANS HEALTH NET WORK,REGAL MED GROUP, INLAND HEALTH CARE GROUP, HEALTH NET, LA SALLE, INLAND VALLEY IPA

***PPO'S** NO AUTH REQUIRED

***HMO'S** MOSTLY ALL NEED AUTH

CIGNA AETNA BLUE SHIELD

BLUE CROSS ANTHEM HEALTH NET

PACIFIC CARE TRICARE/TRIWEST

MED THAT REQUIRED AUTH

SAN BERNARDINO MEDICAL GROUP-SBMG	PINNACLE
INLAND HEALTH CARE GROUP-IHG	LA SALLE
REGAL MEDICAL GROUP-RMG	TRICARE
FAMILY PRACTICE MEDICAL GROUP-FPMG	ST. MARY'S CHOICE
HERITAGE VICTOR VALLEY MED GROUP	
UNITED FAMILY CARE-UFC	
HISPANIC PHYSICIANS IPA	
UPLAND MEDICAL GROUP	
EASTLAND MEDICAL GROUP	

~~PRIME CARE SAN BERNARDINO/REDLAND POSB/PCR-NT ONLY~~

MED GROUP THAT DO NOT REQUIRE AUTH

MEDI-CAL: STRAIGHT/DIRECT

PRESEMPITIVE ELIGABILITIE-P/E

REDLANDS/YUCAIPA RYMG

prime care med group

- NEW CONSULT WITH U/S

99243, 76811, TWIN B 76812

UNDER 14 WEEKS- 99243, 76801, 76802

- AMNIO CODES (any genetic patients)

59000, 76946, 99070, 76815

-NT EPGC SCAN

76213 TWIN B 76814

F/U WITH U/S

99211 or 99213, 76816, TWIN B 76816-59

-NST'S WITH BPP (antepartum testing)

IEHP/MOLINA F/U 99211x_ BPP 76815x_ NST 59025x_

HMO'S

F/U 99211x_ NST, BPP 76818x_

DR. BRAR SANDY JULIE
PRENATAL DIAGNOSTIC AND PERINATAL CENTER
399 E. HIGHLAND AVE. SUITE 518, SAN BERNARDINO, CA. 92404

DATE: _____ **PT. NAME:** _____ **D.O.B.:** _____
OFFICE VISIT NEW PATIENT

LIMITED 99202
 INTERMEDIATE 99203
 EXTENDED 99204
 COMPREHENSIVE 99205
 INITIAL PREG. VISIT Z1032
 ANTEPARTUM OFFICE VISIT Z1034

GENETICS
 AMNIOCENTESIS 59000
 PLACENTA LOCALIZATION 76815
 U/S GUIDANCE 76946
 AMNIOCENTESIS TRAY 99070
 I/M INJ RHOGAM 90782
 CVS 59015
 U/S GUIDANCE 76945

OFFICE VISIT EST. PATIENT
 LIMITED 99212
 INTERMEDIATE 99213
 EXTENDED 99214
 COMPREHENSIVE 99215
 BRIEF 99211

FETAL SURVEILLANCE
 NON-STRESS TEST 59025
 U/S LIMITED 76815
 FETAL BIO PROFILE W/NST 76818
 FETAL BIO PROFILE W/O NST 76819

CONSULTATIONS
 LIMITED 99242
 INTERMEDIATE 99243
 EXTENDED 99244
 COMPREHENSIVE 99245
 EXTERNAL CEPHALIC VER. 59412
 GENETIC COUNSULT Z0002
 GENETIC COUNSELING S0265

ULTRASOUND PROCEDURES
 FIRST TRIMESTER 76801
 2ND AND 3RD TRIMESTER 76811
 ECHOGRAPHY COMPLETE 76805
 ECHO FETAL HEART 76825
 ECHO FETAL HEART REPEAT 76826
 ECHOGRAPHY TRANSVAGINAL-GYN 76830
 UMBILICAL ARTERY DOPPLER 76820
 ENDOVAGINAL OB 76817
 REPEAT ECHOGRAPHY 76816
 NUCHAL TRANSLUCENCY 76813
 NUCHAL TRANSLUCENCY TWIN B 76814
 DOPPLER MCA 76821

TWINS
 TWINS FIRST TRIMESTER US 76801 & 76802
 TWINS 2ND AND 3RD TRIMESTER US 76811 & 76812
 TWINS BPP WITH NST 76818&76818-59
 TWINS BPP WITHOUT NST 76819&76819-59
 TWINS FOLLOW-UP 76816 & 76816-59
 TWINS 76805 & 76810

INSURANCE: _____

COPAY: _____

LMP or EDC: _____

NST DIAGNOSIS CODES

PLAC. PREV	641.13	PREG. W/POOR OB HX	V23.4	ADVANCED MATERNAL AGE	659.63
PLAC ABRUPTION	641.23	PREV. DEMISE	V23.5	SCRN.CHROM.ANOM.AMNIO	V28.0
3 RD TRIMESTER BLEED	641.93	HIGH RISK PREGNANCY	V23.8	SCRN.FOR AF-AFP BY U/S	V28.1
PRE-EXISTING HTN	642.23	ULTRASOUND DX. CODES		SCRN. BASED ON AMNIO	V28.2
GESTATIONAL HTN	642.33	MOLAR PREGNANCY	631	U/S SCRN. MALFORMATION	V28.3
MILD PRE-ECLAMPSIA	642.43	ABORTION, MISSED	632	U/S SCRN. / IUGR	V28.4
SUPERIMP. PRE-ECLAMP.	642.73	TUBAL PREGNANCY	633.1	U/S SCRN. FOR ISO-IMMUN.	V28.5
PRETERM LABOR	644.03	ABORTION, THREAT	640.03	OTHER ANTENATAL SCRN.	V28.8
POST DATES	645.13	MULTIPLE GEST., TWINS	651.03	PREG. UNRELATED DX CODES	
DIABETES MELLITUS	648.03	MULTIPLE GEST. TRIPLETS	651.13	ASTHMA	493
THYROID COND.	648.13	BREECH PRESENTATION	652.1	CHRONIC HYPERTENSION	401
ANEMIA	648.23	MACROSOMIA	653.53	DIABETES	250.0
DRUG DEPENDENCE	648.33	CNS FETAL ABNORMALITY	655.03	HYPERTHYROIDISM	242
ABN. GLUCOSE TOLERANCE	648.83	CHROM. ABNORMALITY	655.13	HYPOTHYROIDISM	244
FETAL MAT. HEMORRHAGE	656.03	HEREDITARY DISEASE IN		IRON DEFICIENCY ANEMIA	280
RH. SENSITIZED	656.13	FAMILY AFFECTING FETUS	655.23	RENAL DISEASE	583
ATYPICAL ISO-IMMUN.	656.23	SUS.FET.DAM.MAT.RUBELLA	655.33	MISC.MATERNAL MED.COND	656.93
FETAL DISTRESS	656.33	SUS.FET.DAM.FM.ALC/TORCH	655.43	SPROM (PROM)	658.13
ABN. FETAL HEART RATE	659.73	SUS.FET.DAM X-RAY EXP.	655.63	FETAL DEMISE 22 WKS & UP	656.43
IUGR	656.53	SUBSTANCE ABUSE	655.53	PROLONGED SPROM	658.23
LARGE FOR DATES	656.63	FETAL ANOMALIES	655.83	POLYHYDRAMNIOS	657.03
OLIGOHYDRAMNIOS	658.03				