

Company ID: Radiology Management	Diagnosis: O35.9XX0	Health Plan: OXFORD / COMMERCIAL / CNY	CBR Route: OB ULTRASOUND	PROD - ccsidcuscione7
EpisodeID/Case Number: [REDACTED]	Patient: [REDACTED]	Age / Gender: 33 / F	DOB: [REDACTED]	Patient ID: [REDACTED]
Physician: [REDACTED]	Specialty: INTERNAL MEDICINE	Phys. Phone: (517) 723-3000	[REDACTED]	Patient / Jurisdiction State: NY / NY

Case Information	[REDACTED]	Priority: R	Status: V
Patient Search	Case/Episode	Search	Previously worked cases
Get Next Case			
Additional Commands			
Edit Previous Review	Correspondence	QA Review	Duplicate
FAX Out	Priority: R	Process Change	
Primary Dx Code: O35.9XX0	Look Up	Secondary Dx Code:	Look Up
Clear	Save	Preferences...	Claim Info
Case History			
17 items in 1 pages			
K	<	1	>
17 items in 1 pages			
Docs	Stat	Pri (Pg 4)	CPT
CPT Description (Full Desc)			
Physician Info (Ordering & Rendering)			
Episode ID (Journal)			
Episode Date (Case Info)			
LF	V	R	76815
U/S OB PELVIS LIMITED (GESTATI			
GARRY, D [REDACTED]			
11/9/2023			

Entry Date	Comment	AuthStatus	UserID
11/9/2023 6:56:17 PM	Site selection derived from SiteLookup	N	WEBUSER UHGWEB_SSO
11/9/2023 6:56:17 PM	Please provide all necessary clinical information.	N	WEBUSER UHGWEB_SSO
11/9/2023 6:59:30 PM	User acknowledged accuracy of information submitted.	V	WEBUSER UHGWEB_SSO
11/9/2023 6:59:31 PM	Web User Notification Issued - V.	V	WEBUSER UHGWEB_SSO
11/9/2023 6:59:31 PM	User attests that this request and any information submitted is not clinically urgent or expedited in nature.	V	WEBUSER UHGWEB_SSO
11/9/2023 6:59:37 PM	A UHC0700 - Pending eviCore Review PHYS document has been generated by UHGWEB_SSO.	V	DocGen
11/9/2023 6:59:48 PM	Document Services Successfully sent UHC0700 - Pending eviCore Review PHYS via E-Notification	V	UHGWEB_SSO
11/9/2023 7:25:37 PM	ORCA automated process has attached a fax. Fax receipt date is 11/9/2023 7:00:53 PM. FaxType 1 = Additional Clinical Information. Number Of Fax Pages are 11.	L	ORCA-FAX-AUTOMATION-1.32.0
11/9/2023 7:25:45 PM	A UHC0703 - Additional Faxed Information Received PHYS document has been generated by ORCA-FAX-AUTOMATION-1.32.0.	L	DocGen
11/9/2023 7:25:57 PM	Document Services Successfully sent UHC0703 - Additional Faxed Information Received PH via E-Notification	L	ORCA-FAX-AUTOMATION-1.32.0
11/9/2023 7:28:31 PM	File Successfully added by FAW service.	L	FaxArchiveWorker

Previous Review History	
This member does not require prior authorization for the FIRST THREE Ultrasound requests for a unique pregnancy. Would you like to withdraw the case or continue with medical necessity review?	<b>Continue with medical necessity review</b>
What is the expected date of delivery? (If this request is for a post-date pregnancy please enter today's date.)	<b>03/23/2024</b>
How many babies are in this pregnancy?	<b>1</b>
Is this a standard low risk pregnancy? <b>NOTE: If this is a one time request for an acute issue (e.g., abdominal pain, abdominal trauma, decreased fetal movement, vaginal bleeding etc.) please select No.</b>	<b>No</b>
What is the maternal pre-pregnancy BMI (Body Mass Index)?	<b>28.79</b>
Do you plan to perform this study during different trimesters?	<b>No</b>
The first 76815 will be performed at what gestational age?	<b>20.5</b>
How often do you intend to perform 76815?	<b>One time only</b>
How many times do you plan to perform the 76815 Ultrasound?	<b>1</b>
Please select the high risk condition related to this pregnancy:	<b>Current Pregnancy Related Risk Factors</b>
Is this request for a dating ultrasound?	<b>No</b>
Which of the following current pregnancy related risk factors are present? (Select all that apply)	<b>Other pregnancy risk factor not listed</b>
Please specify the type of risk factor present.	<b>Fetal Arthrogryposis.</b>
Is there any additional information specific to the member's condition you would like to provide?	<b>I would like to enter additional notes in the space provided</b>
Additional Information - Notes (Character limit of less than or equal to 500 characters):	<b>Notes faxed.</b>

Procedures										
<div> <div>Approve all procedures</div> <div>Refresh</div> </div>										
		Description	POS	Auth Start Date			Exp Date			
<div> <div>▼</div> <div>✎</div> </div>										
			Procedure	Body Part	Quantity	Qty App	Modifier	Valid From	Valid Through	
<div> <div>✎</div> </div>		<div>Change Code</div>	76815 an ultrasound (a special picture) of your baby (or babies)		1	1				

Attached Faxes

Sent Letters & Faxes

Document Uploads

2 faxes attached.

☐ Include Related Faxes

Date Attached	Time Attached	Fax Name	Fax Type	Fax Viewer	View	View OCR
11/09/2023	19:28:27	Inbound Fax	Add Clinical	Fax Viewer	View	View OCR
11/09/2023	19:29:13	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR

Attached Faxes

Sent Letters & Faxes

Document Uploads

## Submit Clinical Request

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with a representative at anytime, please call [REDACTED]

Submit Clinical Request  
Resume Clinical Request  
Currently in Progress  
Clinical Request Status  
Look Up

Notification/  
Precertification  
Requirement  
Look Up

State Specific Forms

### Tools, Resources, and Support

#### Radiology

UnitedHealthcare  
Commercial Plans

Exchange Plans

UnitedHealthcare  
Medicare Advantage  
Plan

UnitedHealthcare  
Community Plan

UnitedHealthcare  
Neighborhood Health  
Partnership

UnitedHealthcare River  
Valley

Oxford

#### Cardiology

UnitedHealthcare  
Commercial Plans

Exchange Plans

UnitedHealthcare  
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Plan

UnitedHealthcare  
Community Plan

UnitedHealthcare  
Neighborhood Health  
Partnership

UnitedHealthcare River  
Valley

Oxford

#### Gastroenterology

UnitedHealthcare  
Commercial Plans

Oxford

#### Miscellaneous

Changing the Procedure  
Code on the Web

#### Contact Us

Back to Main Menu

Physician  
Name:  
Physician  
Address:

[REDACTED]

Contact:

[REDACTED]

Phone Number:

[REDACTED]

Fax Number:

Patient Name:  
Insurance  
Carrier:

[REDACTED]

Patient Id:

[REDACTED]

Site Name:  
Site Address:

[REDACTED]

Site ID:

[REDACTED]

Primary  
Diagnosis  
Code:

O35.9XX0

Description:

Maternal care for (suspected) fetal abnormality and  
damage, unspecified, not applicable or unspecified

Secondary  
Diagnosis  
Code:

Description:

CPT Code

76815

Description:

Ob us, limited, fetus(s)

Case Number:

[REDACTED]

Review Date:

11/9/2023 6:56:17  
PM

Expiration  
Date:

N/A

Status:


Your case has been sent to clinical review. You will be notified via fax within 2  
business days if additional clinical information is needed. If you wish to speak with a  
representative at anytime, please call [REDACTED]

#### What would you like to do next?

- Create an additional case for the same patient
- Create a case for a different patient under the current physician and health plan
- Create a case under a different health plan

Done

Print

		
<b>OBSTETRICS REPORT</b>		
Signed Final 10/26/2023 11:37 am		
<b>Patient Info</b>		
(32 yrs)(F) Date: 10/26/2023 09:20 am		
<b>Performed By</b>		
Performed By: Attending: Exam Location:	Referred By: Ref Address:	
<b>Services Provided</b>		
Detailed Anatomy Survey (single fetus)		Code 76811
<b>Indications</b>		
18 weeks gestation of pregnancy Early 2nd Trimester Fetal Assessment Bleeding in pregnancy, unspecified Hx of miscarriage Bicornuate uterus Arthrogryposis Bilateral clubbed feet		Code Z3A.18 76805 64193
<b>Fetal Evaluation</b>		
Number Of Fetuses: 1 Fetal Heart Rate(bpm): 141 Cardiac Activity: OBSERVED	Presentation: CEPHALIC Placenta: POSTERIOR	
<b>Amniotic Fluid</b>		
Amniotic F.V.: NORMAL	Largest Pocket: 4.6 cm	
<b>Biomarkers</b>		
BPD: 46.4 mm G. Age: 20w 0d 93 %tile OFD: 56.2 mm HC: 165.6 mm G. Age: 19w 2d 69 %tile AC: 134.2 mm G. Age: 18w 6d 52 %tile FL: 29.4 mm G. Age: 19w 0d 56 %tile  HUM: 28.4 mm G. Age: 19w 1d 64 %tile CER: 18.8 mm G. Age: 18w 3d 40 %tile  NFT: 2.1 mm CM: 6 mm	CI (BPD/OFD): 82.6 % 70 - 86 FL/HC: 17.8 % 16.1 - 18.3 HC/AC: 1.23 1.09 - 1.39 FL/BPD: 63.4 % FL/AC: 21.9 % 20 - 24	
Estimated FW: 270 gm. 0 lb 10 oz 51 %Tile		
<b>Gestational Age</b>		
LMP: 19w 4d U/S Today: 19w 2d Best: 18w 5d	Date: 06/11/23 Determined By: U/S C R L (07/31/23)	EDD: 03/17/24 EDD: 03/19/24 EDD: 03/23/24

### Targeted Anatomy

#### Central Nervous System

Calvarium/Cranial:	NORMAL	Lateral Ventricles:	SUBOPTIMAL	Midline Falx:	NORMAL
Intracranial Anat:	NORMAL	Choroid Plexus:	NORMAL	3rd Ventricle:	NORMAL
Cavum:	SUBOPTIMAL	Cereb./Vermis:	NORMAL	4th Ventricle:	NORMAL
Parenchyma:	NORMAL	Cisterna Magna:	NORMAL		

#### Spine

Cervical:	NORMAL	Lumbar:	SUBOPTIMAL	Shape/Curvature:	NORMAL
Thoracic:	NORMAL	Sacral:	SUBOPTIMAL		

#### Head/Neck

Face:	NORMAL	Nuchal Fold:	NORMAL	Orbits/Eyes:	NORMAL LENSES
Lips:	NORMAL	Nasal Bone:	NORMAL		
Neck:	NORMAL	Profile:	SUBOPTIMAL		

#### Thorax

Thoracic Contour:	NORMAL	Rt Outflow Tract:	SUBOPTIMAL	Cardiac Axis:	SUBOPTIMAL
Lungs:	NORMAL	Lt Outflow Tract:	SUBOPTIMAL	Diaphragm:	SUBOPTIMAL
4 Chamber View:	SUBOPTIMAL	Aortic Arch:	SUBOPTIMAL	3 Vessel View:	SUBOPTIMAL
Cardiac Activity:	OBSERVED	Ductal Arch:	SUBOPTIMAL	IVC:	SUBOPTIMAL
Cardiac Rhythm:	NORMAL	SVC:	SUBOPTIMAL		
Cardiac Situs:	NORMAL	Interventr. Septum:	SUBOPTIMAL		

#### Abdomen

Ventral Wall:	SUBOPTIMAL	Stomach:	NORMAL	Bladder:	NORMAL
Cord Insertion:	SUBOPTIMAL	Lt Kidney:	NORMAL	Bowel:	NORMAL
Situs:	NORMAL	Rt Kidney:	NORMAL		

#### Extremities

Lt Humerus:	ABNORMAL	Lt Hand:	ABNORMAL	Lt Lower Leg:	ABNORMAL
Rt Humerus:	ABNORMAL	Rt Hand:	ABNORMAL	Rt Lower Leg:	ABNORMAL
Lt Forearm:	ABNORMAL	Lt Femur:	ABNORMAL	Lt Foot:	ABNORMAL
Rt Forearm:	ABNORMAL	Rt Femur:	ABNORMAL	Rt Foot:	ABNORMAL

#### Other

Umbilical Cord:	NORMAL	Genitalia:	SUBOPTIMAL
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### Cervix Uteri, Adnexa

#### Cervix

Length: 4.66 cm.  
Within Normal Limits Transabdominal Approach

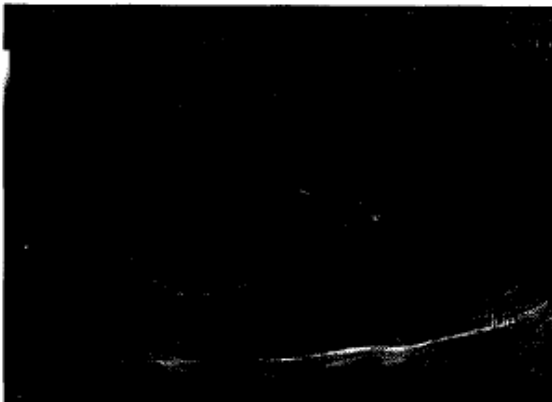
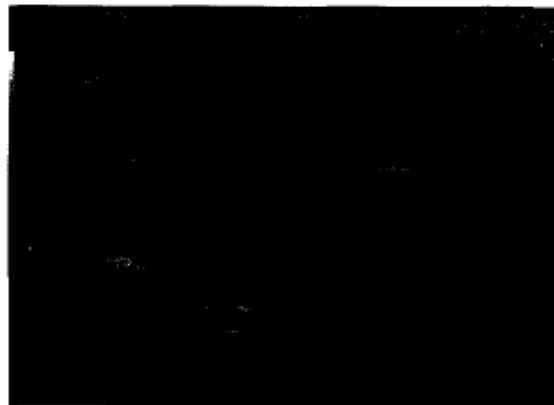
### Impression

#### **FETAL ANATOMICAL SURVEY.**

- Single living fetus with a gestational age of 18w 5d based on the reported clinical dates.
- Fetus is in CEPHALIC presentation with POSTERIOR placenta and a BICORNUATE uterus.
- Current growth parameters are consistent with the clinical date, indicating normal fetal growth.
- Normal amniotic fluid volume with MVP of 4.6 cm.
- **Known fetal arthrogryposis and bilateral talipes equinovarus (clubfeet) are again visualized involving bilateral upper and lower extremities. Limited mobility was visualized with the RUE. LUE appears hyperflexed and immobile. Bilateral LE's are hyperextended.** The remainder of visualized anatomy appears normal with limitations as above.
- Normal appearance of the cervix on transabdominal imaging.
- The sensitivity of ultrasound evaluation for the identification of major fetal abnormalities has been reported to be up to 84%. However, there are inherent limitations of this modality in finding some fetal birth defects or aneuploidy.

**Recommendations**

Follow-up for completion of anatomy in 1 week



**OBSTETRICS REPORT**

Signed Final 10/31/2023 03:42 pm

**Patient Info:**

(32 yrs)(F) Date: 10/31/2023 03:12 pm

**Performed By:**Performed By:  
Attending:  
Exam Location:Referred By:  
Ref Address:**Services Provided:**

Completion of Anatomical Survey (single fetus)

Code:

**Indications:**19 weeks gestation of pregnancy  
Early 2nd Trimester Fetal Assessment  
Bleeding in pregnancy, unspecified  
Hx of miscarriage  
Bicornuate uterus  
Fetal congenital arthrogryposis  
Bilateral clubbed feet  
Completion of Fetal Anatomical Survey  
Fetal Echo at PEDS normalCode:  
Z3A.19  
76805  
64193**Fetal Evaluation:**Number Of Fetuses: 1  
Fetal Heart Rate(bpm): 144  
Cardiac Activity: OBSERVEDPresentation: **BREECH**  
Placenta: **POSTERIOR**  
P. Cord Insertion: **NORMAL****Amniotic Fluid**Amniotic F.V.: **NORMAL****Biometry:**NB: 7.1 mm 68 %tile > 1 MoM  
LV: 6.8 mm**Gestational Age:**LMP: 20w 2d  
Best: 19w 3dDate: 06/11/23  
Determined By: U/S C R L (07/31/23)EDD: 03/17/24  
EDD: 03/23/24**Targeted Anatomy:****Central Nervous System**Cavum: **NORMAL** Lateral Ventricles: **NORMAL****Spine**Lumbar: **NORMAL** Sacral: **NORMAL**

**Fetal Anatomy - Continued:****Thorax**

4 Chamber View:	NORMAL	Rt Outflow Tract:	NORMAL	Ductal Arch:	NORMAL
Cardiac Activity:	OBSERVED	Aortic Arch:	NORMAL		

**Abdomen**

Ventral Wall:	NORMAL	Cord Insertion:	NORMAL
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**Other**

Genitalia:	FEMALE
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**Cervix/Uterus/Aplasia****Cervix**

Length: 3.98 cm.

Within Normal Limits Transabdominal Approach

**Impression**

Fetal anatomy survey is complete and appears normal. Follow up growth in 4 weeks.



\*\*\*Not Official Copy\*\*\*: Obstetrics Progress Note  
Date/Time of Service: November 02, 2023 09:53 EDT  
Result status: Final  
Result title: NOB visit  
Performed by:  
Verified by:  
Encounter info: 11/02/2023

Visit, 11/02/2023 -

### \* Final Report \*

#### NOB visit

Patient: MRN:  
Age: 32 years Sex: Female DOB:  
Associated Diagnoses: Supervision of high-risk pregnancy; Second trimester pregnancy; Hypothyroid; Fetal problem; Bicornuate uterus; 19 weeks gestation of pregnancy; Blood type A-  
Author:

#### Basic Information

Visit type: New patient evaluation.  
Accompanied by: No one.  
Source of history: Self.  
History limitation: None.  
Additional Information Blood product(s) acceptable.

#### Chief Complaint

11/01/2023 17:20 EDT New patient clubfoot.  
32yo G2P0010 at 20wks 4 days, EDD 3/17/24 by LMP 6/11/23 confirmed with first trimester sono, presents as NOB/TOC C/o intermittent nausea  
Pregnancy c/b fetal arthrogryposis and bilateral club feet.  
-s/p genetics consult, amnio 10/9/23. VUS found MYH3 associated with AR and AD arthrogryposis, parental studies pending. Fetal SMN1 copy, so fetus is a carrier. Nips negative, AFP negative  
-s/p orthopedic consult 11/1/23 regarding newborn tx and F/U  
-s/p peds cardio, fetal echo WNL, no f/u needed.  
-patient with bicornuate uterus, noted in early pregnancy  
-Rh negative, received rhogam in the beginning of pregnancy for bleeding and after amnio  
  
PMH: hypothyroidism, followed by endocrinologist Dr Hess. Currently taking levothyroxine 50mcg qd. Has appointment this month for f/u and labs  
-states had covid x2, has not been vaccinated.  
  
PSH: ACL repair at 17yo after a sports injury

-rhinoplasty at 22yo  
-2021 Corrective surgery from rhinoplasty surgery

Previous pregnancy: 2021 first trimester SAB, tx with medication, no D&C

### Interval History

**Gestational Age (EGA) and EDD** \* Note: EGA calculated as of 11/02/2023

EDD: 03/23/2024 EGA\*: 19 weeks 5 days Type: Authoritative Method Date: 07/31/2023

Method: Ultrasound (07/31/2023)  
Confirmation: Confirmed  
Description: --  
Comments: --  
Entered by: [REDACTED] 07/31/2023

### Other EDD Calculations for this Pregnancy:

Method: Last Menstrual Period  
Method Date: 06/11/2023  
EDD: 03/17/2024  
EGA (At Entry): 7 weeks 1 days  
Type: Non-Authoritative  
Comments: --  
Entered by: [REDACTED] 07/31/2023

### Visit Assessments

	Pre- Fundal term Fetal Date Ht(cm) HR Activity	Weight -----Cervix----- S&S Dil Eff(%) Sta kg lbs	-----Urine----- BP Prot Gluc Part
07/31/23			124/72

Next Visit:

### Histories

#### Pregnancy History G2 P0(0,0,1,0)

##### Pregnancy # 1

Baby 1	Outcome Date: 2021	Neonate Outcome: Fetal Death
Outcome or Result: Spontaneous Abortion		
Gender: --	Gest Age: --	Wt: --

Hospital: --  
Child's Name: --

Len Labor: --  
Baby's Father: --

.Menstrual History.

**Prenatal History**

**Past Medical History:**

Resolved

Hypothyroid (492839019): Resolved.

Procedure history.Family History.

**Review of Systems**

**Constitutional:** No fever, No weakness.

**Eye:** No blurring, No visual disturbances.

**Ear/Nose/Mouth/Throat:** No nasal congestion, No sore throat.

**Respiratory:** No shortness of breath, No cough.

**Cardiovascular:** No chest pain, No palpitations.

**Breast:** No lump/ mass

Nipple discharge: None.

Pain: With pregnancy, tenderness bilateral..

**Gastrointestinal:** No vomiting, No diarrhea.

**Genitourinary:** No dysuria, No hematuria.

**Hematology/Lymphatics:** No bruising tendency.

**Endocrine:** No excessive thirst.

**Musculoskeletal:** No back pain, No decreased range of motion.

**Integumentary:** No rash, No pruritus.

**Neurologic:** Alert and oriented X4, No headache, No seizure.

**Psychiatric:** Not suicidal.

**Health Status**

Current medications.

**Physical Examination**

No qualifying data available

**General:** Alert and oriented, No acute distress.

**Neurologic:** Alert, Oriented.

**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment, Non-suicidal.

**Impression and Plan**

**Diagnosis**

Supervision of high-risk pregnancy.

Second trimester pregnancy.

Hypothyroid.

Fetal problem.

Blood type A-.

Bicornuate uterus.

19 weeks gestation of pregnancy.

**Course:** Progressing as expected.

**Plan:**

Oriented to practice.

Continue prenatal vitamins, Rx sent

Counseled on nutrition,water intake and expected weight gain.

Stressed avoidance of alcohol and recreational drugs in all forms.

Discussed importance of seatbelts low and snug during pregnancy.  
Stressed importance of dentist during pregnancy for checkup and cleaning.  
Avoid cat feces, raw meat and unpasteurized dairy products.  
Discussed flu shot. Understands covid precautions, vaccine encouraged  
SAB/Bleeding precautions reviewed.

RTO: 1 weeks for FOB with Dr Choi (patient requested).

**Patient Instructions:** Adapting to Pregnancy: Second Trimester, Coronavirus Disease 2019 (COVID-19) - Overview, Coronavirus Disease 2019 (COVID-19): Prevention, Common Discomforts During Pregnancy, Dental Care for Pregnant Women, Exercise During Pregnancy, Healthy Eating Habits During Pregnancy, Medicines During Pregnancy (CUSTOM), mRNA COVID-19 Vaccine, Nutrition During Pregnancy, OB Do's and Don'ts of Pregnancy (CUSTOM), OB Eating Fish Guidelines (CUSTOM), OB Seat Belts During Pregnancy (CUSTOM), PREGNANCY, ESTABLISHED, Normal Symptoms, Pregnancy: Common Questions, Pregnancy: More Common Questions, Pregnancy: Your Second Trimester Changes, Preventing Zika During Pregnancy, Dietary education.

Limitations: Caffeine consumption, Carbonated beverages, No alcoholic beverages.

Counseled: Patient, Verbalized understanding.

## **Orders**

### **Orders (Selected)**

#### Outpatient Orders

##### *Ordered*

Follow Up OB Visit: 11/02/23 16:29:00 EDT, 1 Week

##### *Completed*

Prenatal Visit - 99078: 11/02/23 16:29:00 EDT, Ob/Gyn Gyn NP - 200

#### Prescriptions

##### *Prescribed*

PNV-DHA oral capsule: = 1 cap, Oral, Once daily, # 30 cap, 11 Refill(s), 11/02/23 14:36:00 EDT,

Pharmacy: WALGREENS DRUG STORE #09667, 1 cap Oral Once daily,x30 days, 170.2, cm,

11/02/23 13:43:00 EDT, Height, 83.4, kg, 07/31/23 10:07:00 EDT, Weight

Pepcid 40 mg oral tablet: = 1 tab, Oral, Bedtime, # 30 tab, 11 Refill(s), 11/02/23 14:35:00 EDT,

Pharmacy: WALGREENS DRUG STORE #09667, 1 tab Oral Bedtime,x30 days, 170.2, cm, 11/02/23

13:43:00 EDT, Height, 83.4, kg, 07/31/23 10:07:00 EDT, Weight.