Obstetric Ultrasound Prior Authorization Request Instructions

Medicaid clients are limited to three obstetric ultrasounds per pregnancy. Obstetrical ultrasounds procedures performed in the emergency room, outpatient observation, or inpatient hospital setting are excluded from this limitation.

If it is medically necessary to perform more than three obstetrical ultrasounds on a client during a pregnancy, the provider must complete this form to request prior authorization. A request for retroactive authorization must be submitted no later than 14 calendar days beginning the day after the study is completed.

Use the guidelines below in filling out the Obstetric Ultrasound Prior Authorization Request form.	
Client Information	
Client's name	Last name (required), first name (required), middle initial (optional)
Date of birth	Date of birth given by month, day and year (required)
Medicaid number:	Nine-digit number from client's current Medicaid identification card. (required)
Requesting Provider Information	
Name	Name of Provider (required)
Address	Agency address given by street, city, state and ZIP code (required)
TPI	Texas Provider Identifier number (10-digit) (optional)
NPI	National Provider Identifier number (10-digit) (required)
Taxonomy	Ten-character Taxonomy code showing service type, classification, and specialization of the medical service provider (optional)
Telephone	Area code and telephone number (required)
Fax Number	Area code and fax number (required)
Performing / Facility Provider Information (complete only if different from requesting provider)	
Name	Name of Provider (required)
Address	Agency address given by street, city, state and ZIP code (required)
TPI	Texas Provider Identifier number (10-digit) (optional)
NPI	National Provider Identifier number (10-digit) (required)
Taxonomy	Ten-character Taxonomy code showing service type, classification, and specialization of the medical service provider (optional)
Telephone	Area code and telephone number (required)
Fax Number	Area code and fax number (required)
Procedures Requested Section	
CPT Codes	The five digit code from the most recent edition of the Current Procedural Terminology manual (required)
Quantity	The number of ultrasounds requested for that CPT code (required)
Performed Trimester	The trimester(s) during which the requested ultrasounds will be performed (required)
Dates of Service (from and to)	Indicate the date range during which the procedure(s) will be performed (required)
	Note: If requesting more than one CPT code complete the additional lines
Client's Estimated Date of Confinement	Provide current estimated month, day, and year of delivery at the time the request is submitted (required)
Gravidity	Total number of a woman's pregnancies (optional)
Parity	Total number of viable pregnancies (optional)
Diagnosis Codes	Include all applicable diagnosis codes (required)
Clinical Documentation Section	
Treatment History	Summary of previous treatment, if any for the clients condition (required, if applicable)
Treatment Plan	Proposed treatment plan related to obstetric ultrasounds and pregnancy (required, if applicable)
Medications	List of current medications, if any (required, if applicable)
Previous Imaging Results	List type of imaging, date(s) and results (required, if applicable)
Serial Ultrasounds	If requesting serial ultrasounds provide the intended frequency for the procedures and the clinical rationale to support the need for serial ultrasounds
Provider Signature Section	
Requesting Provider signature, Date signed, Printed provider name, Provider license number	Requesting provider for OB ultrasounds must be a physician, certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA). The provider's signature, the date the form was signed by the provider and the provider's printed name are all required, and the provider's license number is optional.