

# Pregnancy & Nuchal Translucency Ultrasound

Item	Description		
55700	<p><b>Pregnancy &lt; 12 weeks</b></p> <p>Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, for determining the gestation, location, viability, or number of fetuses, if the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation</p>		
55707	<p><b>Pregnancy nuchal translucency (fees apply)</b></p> <p>Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> <li>(a) the pregnancy (as confirmed by ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and</li> <li>(b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</li> <li>(c) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours</li> </ul> <p><i>A partial Medicare rebate applies when any of the following features are present and stated on the request form:</i></p>		
	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• Hyperemesis gravidarum</li> <li>• Risk of fetal abnormality</li> <li>• Previous post dates delivery</li> <li>• Abdominal wall scaring</li> <li>• Inflammatory bowel disease</li> <li>• Advanced maternal age</li> <li>• Toxaemia of pregnancy</li> <li>• Significant maternal obesity</li> <li>• Previous caesarean section</li> <li>• Suspicion of ectopic pregnancy</li> <li>• Previous spinal or pelvic trauma or disease</li> <li>• Pregnancy after assisted reproduction</li> <li>• Suspected or known uterine abnormality</li> <li>• Suspected or known cervical incompetence</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Diabetes mellitus</li> <li>• Hypertension</li> <li>• Autoimmune disease</li> <li>• Alloimmunisation</li> <li>• Maternal infection</li> <li>• Bowel stoma</li> <li>• Drug dependency</li> <li>• Thrombophilia</li> <li>• Abdominal pain or mass</li> <li>• Liver or renal disease</li> <li>• Risk of miscarriage</li> <li>• High risk pregnancy</li> <li>• Uncertain dates</li> <li>• Cardiac disease</li> <li>• Poor obstetric history</li> <li>• Diminished symptoms of pregnancy</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Hyperemesis gravidarum</li> <li>• Risk of fetal abnormality</li> <li>• Previous post dates delivery</li> <li>• Abdominal wall scaring</li> <li>• Inflammatory bowel disease</li> <li>• Advanced maternal age</li> <li>• Toxaemia of pregnancy</li> <li>• Significant maternal obesity</li> <li>• Previous caesarean section</li> <li>• Suspicion of ectopic pregnancy</li> <li>• Previous spinal or pelvic trauma or disease</li> <li>• Pregnancy after assisted reproduction</li> <li>• Suspected or known uterine abnormality</li> <li>• Suspected or known cervical incompetence</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes mellitus</li> <li>• Hypertension</li> <li>• Autoimmune disease</li> <li>• Alloimmunisation</li> <li>• Maternal infection</li> <li>• Bowel stoma</li> <li>• Drug dependency</li> <li>• Thrombophilia</li> <li>• Abdominal pain or mass</li> <li>• Liver or renal disease</li> <li>• Risk of miscarriage</li> <li>• High risk pregnancy</li> <li>• Uncertain dates</li> <li>• Cardiac disease</li> <li>• Poor obstetric history</li> <li>• Diminished symptoms of pregnancy</li> </ul>
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 **07 5454 7844**

Please submit referrals via



07 5454 7847



info@cooroy-radiology.com.au



0407 822 578

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## Pregnancy & Nuchal Translucency Ultrasound

Item	Description
55704	<b>Pregnancy 12-16 weeks</b> Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation.
55706	<b>Pregnancy 17-22 weeks</b> Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (b) the service is not performed in the same pregnancy as item 55709 <i>1 per pregnancy</i>
55712	<b>Pregnancy 17-22 weeks</b> Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the service is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709

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# Pregnancy & Nuchal Translucency Ultrasound

Item	Description
55718	<p><b>Pregnancy &gt;22 weeks</b>  Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and  the service is not performed in the same pregnancy as item 55723  <i>1 per pregnancy</i></p>
55721	<p><b>Pregnancy 17-22 weeks</b>  Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the service is requested by a medical practitioner who:  (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or  (ii) has a Diploma of Obstetrics; or  (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or  (iv) has obstetric privileges at a non metropolitan hospital; and  (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and  (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies</p>
55759	<p><b>Multiple Pregnancy 17-22 weeks only</b>  Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:  (a) ultrasound of the same pregnancy confirms a multiple pregnancy; and  (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and  (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the scan during the same pregnancy  <i>1 per pregnancy</i></p>

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# Pregnancy & Nuchal Translucency Ultrasound

Item	Description
55764	<p><b>Multiple Pregnancy 17-22 weeks</b>  Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> <li>(a) the service is requested by a medical practitioner who: <ul style="list-style-type: none"> <li>(i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or</li> <li>(ii) has a Diploma of Obstetrics; or</li> <li>(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or</li> <li>(iv) has obstetric privileges at a non metropolitan hospital; and</li> </ul> </li> <li>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</li> <li>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</li> <li>(d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and</li> <li>(e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy</li> </ul>
55768	<p><b>Multiple Pregnancy &gt;22 weeks</b>  Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> <li>(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</li> <li>(b) the ultrasound confirms a multiple pregnancy; and</li> <li>(c) the service is not performed in the same pregnancy as item 55770; and</li> <li>(d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy</li> </ul> <p><i>1 per pregnancy</i></p>

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## Pregnancy & Nuchal Translucency Ultrasound

Item	Description
55772	<p><b>Multiple Pregnancy &gt;22 weeks</b></p> <p>Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"><li>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</li><li>(b) the service is requested by a medical practitioner who:<ul style="list-style-type: none"><li>(i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or</li><li>(ii) has a Diploma of Obstetrics; or</li><li>(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or</li><li>(iv) has obstetric privileges at a non metropolitan hospital; and</li></ul></li><li>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and</li><li>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</li><li>(e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy</li></ul>

For patients who elect to have Non-Invasive Prenatal Testing (NIPT), Nuchal Translucency (NT) imaging should be requested using the following examples:

### 12-16 week morphology scan to assess the fetal structures to compliment NIPT result:

- The request should say **12-16 week morphology ultrasound**
- Includes a NT measurement as standard
- NT results **are not** run through fetal machine software
- No bloods required (pappA/BHcg)
- Exam has a cost

### NT risk assessment as well as NIPT result:

- The request should say **NT risk assessment in conjunction to NIPT**
- Includes a full 12-16 morphology with NT measurement
- NT results **are** run through fetal machine software to give a risk factor
- Bloods required (pappA/BHcg)
- Exam has a cost

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