

June 11, 2025

Referring Physicians,

Effective June 15, our facility will update its first-trimester ultrasound protocol in alignment with the latest guidance from ACOG and the American Institute of Ultrasound in Medicine (AIUM). We are moving from the traditional isolated Nuchal Translucency (NT) measurement (CPT 76813) to a Detailed First-Trimester Ultrasound (DFTU), performed between 12+0 and 13+6 weeks of gestation.

Why the Change?

- **Superior diagnostic yield:** High-resolution imaging now allows detection of major fetal structural anomalies in the first trimester, rather than waiting for the 18–22-week anatomy scan.
- **cfDNA synergy:** Given the high sensitivity of cell-free DNA (cfDNA) for aneuploidy, NT alone is less critical for risk assessment. The DFTU detects structural markers cfDNA cannot, such as acrania, body stalk anomaly, or early cardiac defects.
- **Earlier counseling:** Earlier identification of major abnormalities enables timely genetic counseling and diagnostic testing.

How to Order

- **Timing:** 12w0d – 13w6d gestation.
- **Order:** “DFTU” (CPT 76811) for high-risk or indicated cases, including: prior anomaly, suspected anomaly this pregnancy, AMA, pre-existing diabetes, IVF, multiple gestation, teratogen exposure, enlarged NT, positive screening, BMI ≥ 30 .
- **Important limitation:** The DFTU does not replace the 18–22-week anatomy scan, which remains necessary to evaluate structures not fully visible in the first trimester (e.g., specific brain structures, heart, kidneys).

Patients with NT ≥ 3.5 mm or anomalies identified on the detailed scan will continue to be offered comprehensive genetic counseling and diagnostic testing as before. We believe this change will meaningfully enhance the prenatal care we provide together. Please contact our department with any questions.

Sincerely,



Jeffrey M. Dicke, MD
Vice Chair of Imaging



WashU Medicine
Maternal-Fetal Medicine & Ultrasound
Department of Obstetrics & Gynecology

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Maternal Fetal Medicine – Ultrasound



Central West End	Barnes-Jewish COH 7	BJH COH 7 ULTRASOUND
West County	Missouri Baptist Medical Center	MBMC 450D WU US
St. Charles County	Progress West Hospital	WU OB US PWC
South County	Center for Advanced Medicine – South County	WU OB US CAMSOC 1700
Shiloh, IL	Memorial Hospital Shiloh	WU IL OB US MHE1 140
Carbondale, IL	Maternal-Fetal Medicine & Ultrasound	WU IL OB US CDL

Services & Locations	BJH COH 7 & MBMC	Carbondale, Progress West & CAM So Co	Shiloh, IL
Amniocentesis (15–20 weeks)	X		
Biophysical profile (NSTs only at COH7 & MBMC)	X	X	X
Cervical length	X	X	X
cffDNA	X		X
CVS (10–13 weeks)	X		
Fetal Care (COH7 ONLY)	X		
Fetal Echo (22 wks >) (IVF, preexisting diabetes, family hist of CHD, thickened NT from 3-6 mm)	X		
Detailed 1st trimester anatomy (previous child w/anomaly, known or suspected anomaly this pregnancy, AMA, preexisting DM, IVF, multiples, teratogen exposure, enlarged NT, positive screening test, BMI ≥30). Order as specialized w/provider comment -“early anatomy scan, schedule 12.0-13.6 wks”. If there is no comment, will be scheduled as normal specialized scan 20-22 wks.	X	X	X
Genetic Counseling	X	X - telehealth	X - telehealth
Growth/Repeat (re-evaluation fetal size and/or re-exam of specific organs(s))	X	X	X
Gynecologic Ultrasound (TA and/or TV)	X	X	X
Limited – (completion of anatomic survey; placental location; fluid, fetal position, other)	X	X	X
SIS (Saline Infusion Sonography)	X		
Specialized (Including, but not limited to: known or suspected anatomic or genetic abnormality or increased risk for same; AMA; IDDM; drug exposure; presence of ultrasound markers; MC twins; elevated BMI; etc.) w/ transvaginal if < 24 wks	X	X	X
Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if < 24 wks	X	X	X
Umbilical and/or fetal Doppler	X	X	X



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****EPIC USERS** - ULTRASOUND ORDER CHEAT SHEET**

***You must type in the highlighted IMG code for the corresponding ultrasound

**To request consult AND ultrasound use referral (REF 430234) AND include the US order separately

GYN	GYN/Pelvic	IMG2722 - US PELVIS COMPLETE	<i>Non-pregnant pelvic ultrasound</i>
	SIS	IMG2721 - US SONOHYSTEROGRAPHY	
1st Trimester	STN	IMG2905 - OB US < 14 weeks	<i>STN OB US < 14 weeks (pregnancy confirmation, pregnancy location, embryo/fetal cardiac activity, dating)</i>
	SPC	IMG534 - OB US > 14 weeks DFTU	<i>Detailed 1st trimester anatomy scan (previous child w/anomaly, known or suspected anomaly this pregnancy, AMA, preexisting DM, IVF, multiples, teratogen exposure, enlarged NT, positive screening test, BMI ≥30 - must have provider comment 1st trimester detailed anatomy - schedule 12.0-13.6 wks)</i>
2nd & 3rd Trimester	LMT	IMG2909 - OB US LIMITED	<i>Embryo/fetus cardiac activity, check placenta, completion of anatomic survey, cervical length</i>
	RPT	IMG2910 - US OB FOLLOW UP	<i>Check growth</i>
	STN	IMG2907 - US OB > 14 WEEKS	<i>Anatomic survey routine low risk (includes transvaginal)</i>
	SPC	IMG534 - OB US DETAIL FETAL ANATOMY	<i>Anatomic survey high risk (AMA, BMI ≥30, ART, IDDM and family hx of anomalies) (includes transvaginal)</i>
	FETAL ECHO	IMG885 - Fetal Echo Doppler (22 wks or >) only patients with FAM Hx of CHD, IVF pregnancy, preexisting diabetes 1 or 2 and NT >3 and <6mm. For other indications order echo through SLCH	
Diagnostic Testing	CVS	IMG562	<i>Chorionic villus sampling (10-13.6 weeks GA)/include counseling</i>
	AMNIO	IMG2712	<i>Amniocentesis (≥15 weeks GA)/include counseling</i>
GC		AMB Referral to OB GENETIC COUNSELING (do NOT use IMG9999). Process see next pg.	

On the right is an example of a *Standard Anatomy scan*

Select **Washington University (All Locations)** and then select the **site** where you would like the ultrasound scheduled.

In the **free text** below please put any notes on reason for this ultrasound.

NEW GENETIC COUNSELING ORDER

1. In the Visit Taskbar, at the bottom of the screen Click **+ Add Order**
2. Enter **AMB Referral to OB Genetic Counseling**

Ambulatory referral to OB Genetic Counseling

Status: Normal Standing **Future**

Expected Date: 4/30/2021 Today Tomorrow 1 Week **2 Weeks** 3 Weeks 4 Weeks 1 Month 2 Months 3 Months

Expires: 4/16/2022 1 Month 2 Months 3 Months 4 Months 6 Months **1 Year** 18 Months

Please select the performing region: Washington University (All Locations)

To provider:

of visits: 1

Comments:

Show Additional Order Details

Next Required

Accept Cancel

3. Double-click the order to select if from the list.
4. Modify order details, such as the reason for referral and any required items
5. After updating the order details, click **✓ Accept**

Add this NEW order to your Preference List

6. Before signing the order, click ☆ to add it to your preference list

Dx Association Edit Multiple Estimate Options

After Visit

Ambulatory referral to OB Genetic Counseling

Please select the performing region: Washington University (All Locations)

of visits: 1

WALGREENS DRUG STORE #06755 - SAINT LOUIS, MO - 3920
HAMPTON AVE AT NEC OF HAMPTON & CHIPPEWA 314-351-2100

7. In the Add To Preference List window, enter any other details you want to use when you place this order in the future, and click **Accept**
 - a. In the **Display name** field, enter an easy-to-remember name for the order. The next time you need to place this order, you can search for your saved order using this name.
 - b. In the **Section** field, enter the section of your preference list in which you want this order to appear. Or, click **New Section** to add another section to your list

WashU Medicine
MATERNAL-FETAL MEDICINE
 ULTRASOUND REFERRAL ORDER FORM
 FOR **NON-EPIC USERS**

Please fax required documents prior to scheduling to:

314-747-1637

This form Insurance card (front and back)

Medical records

If no response within 48 hours, please call 314-454-8181.

PATIENT NAME (last, first, M.I):		Date of birth:
Interpreter <input type="checkbox"/> Yes - If yes, language: <input type="checkbox"/> No		
Patient address:		
Patient home phone:		Patient alternate phone:
Required Insurance name (plan name):		
Name of policy holder:		
Policy ID #:	ID#:	Relationship to insured:
Referring physician:		Office contact person:
Office phone #:		Office fax #:
Primary obstetrician, if not referring physician:		
Preferred scan location: <input type="checkbox"/> BJH - Center for Outpatient Health <input type="checkbox"/> Carbondale, IL* <input type="checkbox"/> Missouri Baptist Medical Center <input type="checkbox"/> Progress West Hospital <input type="checkbox"/> Shiloh, IL* <input type="checkbox"/> South County - Center for Advanced Medicine		
Indication for referral (DX):		

ULTRASOUND

GYNECOLOGY	<input type="checkbox"/> US Pelvis Complete (Transabdominal and transvaginal) <input type="checkbox"/> Saline Infusion Sonohysterography (SIS)	
OBSTETRICS	LMP: _____ EDD: _____ BMI: _____	<input type="checkbox"/> Singleton <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other: _____
1ST TRIMESTER	<input type="checkbox"/> Standard OB US < 14 weeks (pregnancy confirmation, pregnancy location, embryo/fetal cardiac activity, dating)	<input type="checkbox"/> Specialized OB US > 14 weeks (DFTU - *must have provider comment "1st trimester detailed anatomy"—12.0-13.6 wks.)
2ND & 3RD TRIMESTER	<input type="checkbox"/> Standard anatomy scan (with transvaginal if <24 wks) <input type="checkbox"/> Specialized anatomy scan (increased risk for anomaly, AMA, diabetes, multiples BMI ≥ 30, etc.) (with transvaginal if <24 wks) <input type="checkbox"/> Growth scan <input type="checkbox"/> BPP	<input type="checkbox"/> Limited (completion of anatomic survey; placental location; fluid, fetal position) <input type="checkbox"/> Cervical length only (16w0d-23w6d) <input type="checkbox"/> Doppler studies <input type="checkbox"/> Fetal Echo Doppler (22w or >; COH7/MoBap only)
DIAGNOSTIC TESTING	<input type="checkbox"/> CVS (GA 10w-0d-13w6d) <input type="checkbox"/> Amniocentesis (≥GA15w0d) * Authorization may be required, please verify with the insurance company. *Blood type is required.	

GENETIC COUNSELING Counseling

Please list indication (abnormal serum screen, personal/family history of heritable condition, cell-free fetal DNA testing, etc):

MATERNAL-FETAL MEDICINE	Indication for referral (DX):
<input type="checkbox"/> Pre-pregnancy consult <input type="checkbox"/> OB consult <input type="checkbox"/> Co-management of care <input type="checkbox"/> Transfer of care <input type="checkbox"/> Fetal care	

Required - Physician signature:	Date:
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*Specialty services provided by Washington University Physicians in Illinois, Inc