

## Quick Reference Guide

In order for your patients to be eligible for a Medicare rebate when they require an Obstetric Ultrasound, they must fall into one of the following groups.

**Please ensure that you clearly state clinical indications on your referral.**

<b>&lt; 12 Weeks</b>	Where one or more conditions in Appendix 1 applies. <b>*Early Dating:</b> 6-11 Weeks.
<b>12 – 16 Weeks</b>	Where one or more conditions in Appendix 1 applies. <b>*Nuchal Translucency:</b> 11 Weeks, 4 Days-13 Weeks, 6 Days.
<b>17 – 22 Weeks</b>	Referred by any Medical Practitioner, but not exceeding one service per pregnancy. OR Referred by an O&G or a GP with a Diploma of Obstetrics, where further examination is clinically indicated. <b>*Morphology:</b> 18-20 Weeks.
<b>&gt; 22 Weeks</b>	Referred by any Medical Practitioner, where one or more conditions in Appendix 2 applies but not exceeding <b>one service per pregnancy</b> . OR Referred by an O&G or a GP with a Diploma of Obstetrics, where further examination is clinically indicated and one or more conditions in Appendix 2 applies.

### APPENDIX 1

- i. Hyperemesis gravidarum
- ii. Diabetes mellitus
- iii. Hypertension
- iv. Toxaemia of pregnancy
- v. Liver or renal disease
- vi. Autoimmune disease
- vii. Cardiac disease
- viii. Alloimmunisation
- ix. Maternal infection
- x. Inflammatory bowel disease
- xi. Bowel stoma
- xii. Abdominal wall scarring
- xiii. Previous spinal or pelvic trauma or disease
- xiv. Drug dependency
- xv. Thrombophilia
- xvi. Significant maternal obesity
- xvii. Advanced maternal age
- xviii. Abdominal pain or mass
- xix. Uncertain dates
- xx. High risk pregnancy
- xxi. Previous post dates delivery
- xxii. Previous caesarean section
- xxiii. Poor obstetric history
- xxiv. Suspicion of ectopic pregnancy
- xxv. Risk of miscarriage
- xxvi. Diminished symptoms of pregnancy
- xxvii. Suspected or known cervical incompetence
- xxviii. Suspected or known uterine abnormality
- xxix. Pregnancy after assisted reproduction
- xxx. Risk of fetal abnormality

### APPENDIX 2

- i. Known or suspected foetal abnormality or foetal cardiac arrhythmia
- ii. Fetal anatomy (late booking)
- iii. Malpresentation
- iv. Cervical assessment
- v. Clinical suspicion of amniotic fluid abnormality
- vi. Clinical suspicion of placental or umbilical cord abnormality
- vii. Previous complicated delivery
- viii. Uterine scar assessment
- ix. Uterine fibroid
- x. Previous foetal death in utero or neonatal death
- xi. Antepartum haemorrhage
- xii. Clinical suspicion or intra uterine growth retardation
- xiii. Clinical suspicion of macrosomia
- xiv. Reduced fetal movements
- xv. Suspected fetal death
- xvi. Abnormal cardiotocography
- xvii. Prolonged pregnancy
- xviii. Premature labour
- xix. Fetal infection
- xx. Pregnancy after assisted reproduction
- xxi. Trauma
- xxii. Diabetes mellitus
- xxiii. Hypertension
- xxiv. Toxaemia of pregnancy
- xxv. Liver or renal disease
- xxvi. Autoimmune disease
- xxvii. Cardiac disease
- xxviii. Alloimmunisation
- xxix. Maternal infection
- xxx. Inflammatory bowel disease
- xxxi. Abdominal wall scarring
- xxxii. Previous spinal or pelvic trauma or disease
- xxxiii. Drug dependency
- xxxiv. Thrombophilia
- xxxv. Significant maternal obesity
- xxxvi. Advanced maternal age
- xxxvii. Abdominal pain or mass