

# OB with Adjunct Detailed Fetal Anatomic Ultrasound (76811) Case Submission Requirements



Corresponds with  
5/10/17 Accredited  
Newsletter\*

## For Practices Seeking OB Accreditation AND Adjunct 76811

Submit the following **cases with their corresponding final reports.**

### From the primary site:

- **\*\*1 first-trimester complete transvaginal case with a live embryo or fetus.** For complete instructions, refer to the [standard OB Case Requirements](#).
- **\*\*1 third-trimester complete anatomical case documenting all required anatomy.** For complete instructions, refer to the [standard OB Case Requirements](#).
- **2 NORMAL second-trimester detailed (76811) cases.** Refer to imaging checklist and the link to sample images on [page 2 of this document](#).

### From each additional site or mobile unit:

- **1 NORMAL second-trimester detailed (76811) case.** Refer to imaging checklist and the link to sample images on [page 2 of this document](#).
  - If the additional site or mobile unit does not perform 76811 exams, refer to the [standard OB Case Requirements](#) for additional sites or mobile units.

### From any site that performs 76811 exams:

- **1 ABNORMAL second-trimester detailed (76811) case with a major structural anomaly.** Refer to [imaging checklist on page 3](#) and list of [acceptable anomalies on page 4 of this document](#).
- **Demonstrate ONE TIME COMPONENTS listed on page 2** as a collection of individual images from various fetuses, or as a part of your normal 76811 exams. No report required if demonstrated as a collection of individual images.

**All cases must follow the  
General Requirements for the Submission of Case Studies  
(<http://www.aium.org/accreditation/gencasereq.pdf>)**

**Note:** For the purpose of accreditation, all anatomy must be appropriately labeled (for example – 4-CH).

**\*\* If your application does not include OB-1<sup>st</sup> or OB-3<sup>rd</sup>, you do not need to submit a 1<sup>st</sup> or 3<sup>rd</sup> trimester case study.**

# NORMAL Detailed Exam – Imaging Checklist

## (76811 CASES ONLY)

[Click here to see 76811 sample images.](#)

**Each normal 2<sup>nd</sup> trimester detailed (76811) exam must demonstrate labeled images of the following:**

1. Placental appearance and location in relation to the internal os (cervix must be shown)	27. Nuchal thickness (16 - 20 weeks)
2. Placental cord insertion	28. Lungs
3. Uterus and cervix	29. Diaphragm
4. Adnexal structures, even if ovaries not visualized	30. Legs and arms (number, architecture, and position)
5. Fetal number and presentation	31. Hands
6. Situs	32. Feet
7. Qualitative or semi-qualitative estimate of amniotic fluid	33. Stomach
8. Lateral cerebral ventricles	34. Kidneys
9. Choroid plexus	35. Urinary bladder
10. Midline falx	36. Umbilical cord vessel number
11. Brain parenchyma (can be shown in conjunction with other anatomy)	37. Umbilical cord insertion into fetal abdomen
12. BPD or HC measurement and landmarks	38. FHR M-mode
13. Abdominal circumference measurement and landmarks	39. Four-chamber view of the heart
14. Femur length and landmarks	40. Right outflow tract
15. Cerebellum	41. Left outflow tract
16. Cerebellar vermis	42. Aortic arch
17. Cisterna magna	43. SVC and IVC
18. Cavum septi pellucidi	44. 3-Vessel view
19. Integrity and shape of cranial vault (can be shown in conjunction with other anatomy)	45. 3-Vessel trachea view
20. Profile (mid sagittal)	46. Shape and curvature of the spine (can be shown in conjunction with other anatomy)
21. Fetal upper lip (coronal view)	47. Cervical spine
22. Fetal nose (coronal view)	48. Thoracic spine
23. Nasal bone measurement (15 - 22 weeks)	49. Lumbar spine
24. Maxilla	50. Sacral spine
25. Mandible	51. Integrity of spine and overlying tissue
26. Neck	52. If accessory / succenturiate lobe seen on a normal fetus, location of vascular supply to primary placenta should be imaged and reported

## ONE TIME COMPONENTS (OTC) – Imaging Checklist

**One Time Components only need to be demonstrated once, and may be submitted as a collection of individual images from various fetuses, or as a part of the normal 76811 exams. A report is not required if submitted as a collection of images from various fetuses. If submitting One Time Components within a normal 76811 exam, each component must be labeled as “one time component” or “OTC” as well as the anatomy being demonstrated. For example, “OTC - 4<sup>th</sup> ventricle”.**

1. 4 <sup>th</sup> Ventricle	10. Gallbladder
2. 3 <sup>rd</sup> Ventricle	11. Spleen
3. Corpus callosum (sagittal view)	12. Fetal sex
4. Coronal lenses	13. Humerus (right and left) measurement
5. Measurement of cerebellum	14. Ulna (right and left) measurement
6. Orbits with and without diameter (inner and outer)	15. Radius (right and left) measurement
7. Digits (number and position)	16. Tibia (right and left) measurement
8. Adrenal glands	17. Fibula (right and left) measurement
9. Liver	

# ABNORMAL Detailed Exam – Imaging Checklist

## (76811 CASES ONLY)

**NOTE:**

**The abnormal exam must contain a major structural anomaly. *Isolated or clusters of markers are not accepted as an anomaly*. For a list of structural anomalies accepted for submission, see page 4.**

**The ABNORMAL 2<sup>nd</sup> trimester detailed (76811) exam must demonstrate all images taken during a NORMAL detailed (76811) exam as well as any additional anatomy from the list below needed to make a diagnosis:**

1. Accessory / succenturiate lobe with location of vascular supply to primary placenta	36. Hands
2. Placental masses	37. Feet
3. BPD or HC measurement and landmarks	38. Digits (number & position)
4. Abdominal circumference measurement and landmarks	39. Stomach
5. Femur length and landmarks	40. Liver
6. Lateral cerebral ventricles	41. Kidneys
7. Choroid plexus	42. Renal arteries
8. Midline falx	43. Spleen
9. 4 <sup>th</sup> Ventricle	44. Small and large bowel
10. 3 <sup>rd</sup> Ventricle	45. Gallbladder
11. Cerebellar vermis	46. Urinary bladder
12. Cerebellum	47. Umbilical cord vessel number
13. Measurement of cerebellum	48. Umbilical cord insertion into the fetal abdomen
14. Cisterna magna	49. Integrity of the abdominal wall
15. Cavum septi pellucidi	50. Cardiac activity
16. Corpus callosum (sagittal view)	51. Four-chamber view of the heart
17. Integrity and shape of cranial vault (can be shown in conjunction with other anatomy)	52. Right outflow tract
18. Brain parenchyma (can be shown in conjunction with other anatomy)	53. Left outflow tract
19. Profile (mid sagittal with nasal bone)	54. Aortic arch
20. Fetal upper lip (coronal view)	55. SVC and IVC
21. Fetal nose (coronal view)	56. 3-Vessel view
22. Palate	57. 3-Vessel trachea view
23. Tongue	58. Lungs
24. Maxilla	59. Diaphragm
25. Mandible	60. Ribs
26. Coronal lenses	61. Fetal sex
27. Orbits with diameter (inner and outer)	62. Adrenal glands
28. Ear position and size	63. Shape and curvature of the spine (can be shown in conjunction with other anatomy)
29. Neck	64. Integrity of spine and overlying tissue
30. Nuchal thickness (16 - 20 weeks)	65. Cervical spine
31. Nasal bone measurement (15 - 22 weeks)	66. Thoracic spine
32. Legs and arms (number, architecture, and position)	67. Lumbar spine
33. Humerus measurement	68. Sacral spine
34. Ulna/radius measurement	69. Other
35. Tibia/fibula measurement	

**Congenital markers (isolated or clusters) will NOT be accepted for ABNORMAL 76811.**

Anomalies acceptable for ABNORMAL 76811 submission include (but are not limited to\*), the following:

- Neural tube defect
- Hemivertebra
- Holoprosencephaly
- Agenesis of the corpus callosum
- Hydrocephalus (including measurement of atria Lat Vent)
- Congenital diaphragmatic hernia
- Congenital Pulmonary Airway Malformation
- Dandy-Walker malformation
- Cleft lip and/or palate
- Any cardiac defect other than an echogenic intracardiac focus
- Any bowel obstruction
- Multi-cystic kidney, Pelvic kidney
- Skeletal dysplasia
- Limb/hand/foot deformities
- Ventral wall defect
- Bladder exstrophy

***Defects that preclude a detailed examination of the entire fetus (e.g., Potter sequence with severe oligohydramnios, limb-body wall complex, etc.) will not be accepted, as the demonstration of the residual anatomy is generally not adequate for review.***

\* A request to submit an anomaly that is not listed above may be made to UPAC, but approval should be sought before submission. E-mail [accreditation@aium.org](mailto:accreditation@aium.org) with your abnormal 76811 inquiry.