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

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:

- **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-1st or OB-3rd, you do not need to submit a 1st or 3rd trimester case study.**
**NORMAL Detailed Exam – Imaging Checklist**

(76811 CASES ONLY)

**Click here to see 76811 sample images.**

Each normal 2nd 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)*
2. Placental cord insertion
3. Uterus and cervix
4. Adnexal structures, even if ovaries not visualized
5. Fetal number and presentation
6. Situs
7. Qualitative or semi-qualitative estimate of amniotic fluid
8. Lateral cerebral ventricles
9. Choroid plexus
10. Midline falx
11. Brain parenchyma  
   *can be shown in conjunction with other anatomy*
12. BPD or HC measurement and landmarks
13. Abdominal circumference measurement and landmarks
14. Femur length and landmarks
15. Cerebellum
16. Cerebellar vermis
17. Cisterna magna
18. Cavum septi pellucidi
19. Integrity and shape of cranial vault  
   *can be shown in conjunction with other anatomy*
20. Profile (mid sagittal)
21. Fetal upper lip (coronal view)
22. Fetal nose (coronal view)
23. Nasal bone measurement (15 - 22 weeks)
24. Maxilla
25. Mandible
26. Neck
27. Nuchal thickness (16 - 20 weeks)
28. Lungs
29. Diaphragm
30. Legs and arms (number, architecture, and position)  
   *(For accreditation purposes, please label right/left or 1/2.)*
31. Hands  
   *(For accreditation purposes, please label right/left or 1/2.)*
32. Feet  
   *(For accreditation purposes, please label right/left or 1/2.)*
33. Stomach
34. Kidneys
35. Urinary bladder
36. Umbilical cord vessel number
37. Umbilical cord insertion into fetal abdomen
38. FHR M-mode
39. Four-chamber view of the heart
40. Right outflow tract
41. Left outflow tract
42. Aortic arch
43. SVC and IVC
44. 3-Vessel view
45. 3-Vessel trachea view
46. Shape and curvature of the spine  
   *(can be shown in conjunction with other anatomy)*
47. Cervical spine
48. Thoracic spine
49. Lumbar spine
50. Sacral spine
51. Integrity of spine and overlying tissue
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 exams submitted. A report is not required if submitted as a collection of images from various fetuses. If submitting One Time Components within a normal exam, each component must be labeled as “one time component” or “OTC” as well as the anatomy being demonstrated. For example, “OTC - 4th ventricle”.

1. 4th Ventricle
2. 3rd Ventricle
3. Corpus callosum (sagittal view)
4. Coronal lenses
5. Measurement of cerebellum
6. Orbits with and without diameter (inner and outer)
7. Digits (number and position)
8. Adrenal glands
9. Liver
10. Gallbladder
11. Spleen
12. Fetal sex
13. Humerus (right and left) measurement
14. Ulna (right and left) measurement
15. Radius (right and left) measurement
16. Tibia (right and left) measurement
17. Fibula (right and left) measurement
18. 3-Vessel trachea view
19. 3-Vessel view
**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 2nd 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Accessory / succenturiate lobe with location of vascular supply to primary placenta</td>
<td>36. Hands</td>
</tr>
<tr>
<td>2. Placental masses</td>
<td>37. Feet</td>
</tr>
<tr>
<td>3. BPD or HC measurement and landmarks</td>
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</tr>
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<td>8. Midline falk</td>
<td>43. Spleen</td>
</tr>
<tr>
<td>9. 4th Ventricle</td>
<td>44. Small and large bowel</td>
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<td>10. 3rd Ventricle</td>
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<td>11. Cerebellar vermis</td>
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<td>22. Palate</td>
<td>57. 3-Vessel trachea view</td>
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<td>23. Tongue</td>
<td>58. Lungs</td>
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<td>59. Diaphragm</td>
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<td>25. Mandible</td>
<td>60. Ribs</td>
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<tr>
<td>34. Ulna/radius measurement</td>
<td>69. Other</td>
</tr>
<tr>
<td>35. Tibia/fibula measurement</td>
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</tbody>
</table>
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 extrophy

Defects that preclude a detailed examination of the entire fetus (e.g., Potter sequence with severe oligohydramnios, limb-body wall complex, anencephaly, 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 with your abnormal 76811 inquiry.