Standard OB Case Submission Requirements

For practices seeking accreditation in Standard OB and Adjunct Detailed Fetal Anatomy (76811), please click here to go directly to the complete case requirements.

All cases must follow the General Requirements for the Submission of Case Studies.

Abnormal cases may be submitted as long as all fetal anatomy is demonstrated. For example, cases showing fetal urinary tract dilation and clubbed feet would be acceptable, but anencephaly would not.

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

Practices Seeking Standard OB in all 3 Trimesters:

From the main site – Submit a total of 4 complete standard obstetric cases with their corresponding final reports as outlined below:

- 1 first-trimester complete transvaginal case with demonstrable embryo or fetus; GA up to 14w. Transabdominal images may be submitted as adjunct only.
- 2 (two) second-trimester (76805) cases documenting all required anatomy. Limited or follow-up studies will not be accepted.
- 1 third-trimester (76805) case, GA 27w or later, documenting all required anatomy. Limited or follow-up studies will not be accepted.

From each additional site or mobile unit – Submit 1 complete second or third-trimester (76805) case documenting all required anatomy with its corresponding final report. Limited or follow-up studies will not be accepted.

Practices Seeking Standard OB in any 1 or 2 Trimesters (but not all 3):

From the main site – If applying for accreditation in one trimester, a total of 4 cases with corresponding final reports from that trimester must be submitted. If applying for accreditation in two trimesters, a total of 4 cases with corresponding final reports (2 from each trimester) must be submitted.

- First trimester submissions (GA up to 14w) must include at least 1 complete transvaginal study with demonstrable embryo or fetus; transabdominal images may be submitted as adjunct only. Second-trimester cases and third-trimester cases (GA 27w or later) must document all required anatomy (76805); no limited or follow-up studies will be accepted.

From each additional site or mobile unit – Submit 1 complete standard OB case with its corresponding final report from relevant trimester.

- If the additional site/mobile unit performs any 2nd or 3rd trimester exams, the study submitted must be a complete anatomy case (76805).
**Standard OB Imaging Checklists**

### Standard OB – 1st Trimester

<table>
<thead>
<tr>
<th>Labeled images of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uterus to determine location of gestational sac and rule out masses / abnormalities (at least 2 orthogonal planes)</td>
</tr>
<tr>
<td>2. Adnexal structures, even if ovaries not visualized</td>
</tr>
<tr>
<td>3. Cul-de-sac</td>
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<tr>
<td>4. Presence of embryo or fetus</td>
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<tr>
<td>5. Number of gestational sacs, embryos, or fetuses</td>
</tr>
<tr>
<td>6. Crown rump length</td>
</tr>
<tr>
<td>7. Demonstrate fetal heart rate using M-mode</td>
</tr>
<tr>
<td>8. If applicable, chorionicity and, if possible, amnionicity</td>
</tr>
</tbody>
</table>

### ALARA – scans performed at less than 10 weeks GA should be done monitoring the Thermal Index for SOFT TISSUE and scans performed at 10 weeks or greater GA should be done monitoring the Thermal Index for BONE.

### Standard OB – 2nd & 3rd Trimester

<table>
<thead>
<tr>
<th>Labeled images of the following:</th>
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<tbody>
<tr>
<td>1. Placental appearance and location in relation to internal os</td>
</tr>
<tr>
<td>2. Placental cord insertion</td>
</tr>
<tr>
<td>3. Uterus and cervix</td>
</tr>
<tr>
<td>4. Adnexal structures, even if ovaries not visualized</td>
</tr>
<tr>
<td>5. BPD or HC measurement and landmarks</td>
</tr>
<tr>
<td>6. Abdominal circumference measurement and landmarks</td>
</tr>
<tr>
<td>7. Femur length and landmarks</td>
</tr>
<tr>
<td>8. Lateral cerebral ventricles</td>
</tr>
<tr>
<td>9. Choroid plexus (right and left)</td>
</tr>
<tr>
<td>10. Cerebellum</td>
</tr>
<tr>
<td>11. Cisterna magna</td>
</tr>
<tr>
<td>12. Cavum septi pellucidi</td>
</tr>
<tr>
<td>13. All four extremities</td>
</tr>
<tr>
<td>15. Feet (<a href="#">added to standard OB Practice Parameters, Oct. 2018</a>)</td>
</tr>
<tr>
<td>16. Stomach</td>
</tr>
<tr>
<td>17. Kidneys</td>
</tr>
<tr>
<td>18. Urinary bladder</td>
</tr>
<tr>
<td>19. Umbilical cord vessel number</td>
</tr>
<tr>
<td>20. Umbilical cord insertion into fetal abdomen</td>
</tr>
<tr>
<td>21. Fetal upper lip (coronal view)</td>
</tr>
<tr>
<td>22. Situs (<a href="#">added to standard OB Practice Parameters, Oct. 2018</a>)</td>
</tr>
<tr>
<td>23. Four-chamber view of the heart</td>
</tr>
<tr>
<td>24. RIGHT outflow tract</td>
</tr>
<tr>
<td>25. LEFT outflow tract</td>
</tr>
<tr>
<td>26. 3VV (<a href="#">added to standard OB Practice Parameters, Oct. 2018</a>)</td>
</tr>
<tr>
<td>27. 3VTV (<a href="#">added to standard OB Practice Parameters, Oct. 2018</a>)</td>
</tr>
<tr>
<td>28. Cervical spine</td>
</tr>
<tr>
<td>29. Thoracic spine</td>
</tr>
<tr>
<td>30. Lumbar Spine</td>
</tr>
<tr>
<td>31. Sacral spine</td>
</tr>
</tbody>
</table>

* Click links to see example images of the anatomy newly added to the standard OB practice parameters.