

Society for Maternal Fetal Medicine, Coding Committee

White Paper on Ultrasound Code 76811 (Revised December 27, 2012)

The CPT 76811 (Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination) is **not** intended to be the **routine scan** performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic, genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.) or increased risk for fetal abnormality (e.g. AMA, diabetic, fetus at risk due to teratogen or genetics, abnormal prenatal screen). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies.

It is felt by all organizations involved in the codes development and description that **only one medically indicated CPT 76811 per pregnancy, per practice is appropriate**. Once this detailed fetal anatomical exam (76811) is done, a second one should not be performed unless there are extenuating circumstances with a new diagnosis. It is appropriate to use CPT 76811 when a patient is seen by another maternal-fetal medicine specialist practice, for example, for a second opinion on a fetal anomaly, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

The 76811 includes all of the components of the 76805, plus a detailed fetal anatomical survey. The following are fetal and maternal anatomical components for the 76811. Not all components will be required.

Components considered integral to the code are marked (*).

Evaluation of intracranial, facial and spinal anatomy:

- ✓ Lateral ventricles*, third and fourth ventricles
- ✓ Cerebellum*, integrity of lobes*, vermis*
- ✓ Cavum septum pellucidum
- ✓ Cisterna magna measurement*
- ✓ Nuchal thickness measurement (15-20 weeks)*
- ✓ Integrity of cranial vault
- ✓ Examination of brain parenchyma, (e.g. for calcifications)
- ✓ Ear position, size
- ✓ Face
- ✓ Upper lip integrity*
- ✓ Palate*
- ✓ Facial profile*
- ✓ Evaluation of the neck (e.g. for masses)

Evaluation of the chest:

- ✓ Presence of masses*
- ✓ Pleural effusion*
- ✓ Integrity of both sides of the diaphragm*
- ✓ Appearance of ribs

Evaluation of the heart:

- ✓ Cardiac location and axis*
- ✓ Outflow tracts*

Evaluation of the abdomen:

- ✓ Bowel *
- ✓ Adrenal glands
- ✓ Gallbladder
- ✓ Liver
- ✓ Spleen
- ✓ Ascites*
- ✓ Masses

Evaluation of genitalia:

- ✓ Gender (whether or not parents wish to know sex of child)

Evaluation of limbs:

- ✓ Number, size, and architecture*
- ✓ Anatomy and position of hands*
- ✓ Anatomy and position of feet*

Evaluation of the placenta and cord:

- ✓ Placental cord insertion site*
- ✓ Placental masses*
- ✓ Umbilical-cord (number of arteries)

Evaluation of amniotic fluid:

- ✓ Assessment of Amniotic Fluid Volume*
- ✓ Evaluation of the cervix (Not required)
- ✓ Evaluation of the maternal adnexa when feasible*

Note: If any of the required fetal or maternal components are non-visualized due to fetal position, late gestational age, maternal habitus, etc., it **must** be clearly noted in the ultrasound report in order to meet the requirements to bill for the service.

Follow-up ultrasound performed after a Detailed Ultrasound (CPT 76811), should be reported as CPT 76816 (Ultrasound, pregnant uterus, real time with image documentation, follow-up). This includes performing a focused assessment of fetal size by measuring the BPD, abdominal circumference, femur length, or other appropriate measurements, **OR** a detailed re-examination of a specific organ or system known or suspected to be abnormal.

CPT 76805 (Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), would be reported to determine the number of fetuses, amniotic/chorionic sacs, survey of intracranial, spinal, and abdominal anatomy, evaluation of a 4-chamber heart view, assessment of the umbilical cord insertion site, assessment of amniotic fluid volume, and evaluation of maternal adnexa when visible when appropriate.

When performing a routine screening ultrasound, (no maternal or fetal indications or abnormal findings), you would be reporting CPT Code 76805 and V28.3.

We hope this clears up any confusion regarding the use of the detailed fetal anatomical exam (76811).