

## Society for Maternal-Fetal Medicine

### White Paper on Usage of New V Codes

#### (V89.01-V89.09) Suspected Conditions Not Found

October 1, 2008

The intent of this document is to ensure that physicians, coders, billers, etc. have a clear understanding on how to report specific conditions commonly seen in an MFM practice. The SMFM Coding Committee has worked diligently in achieving these new codes.

Effective October 1, 2008, there are specific codes for cases in which there is an indication to perform a study for a suspected condition (i.e. fetal anomaly, fetal growth discrepancy, polyhydramnios, oligohydramnios, placenta previa, cervical shortening, etc.), yet the condition is not found at the time of the study. Below are the new codes and their corresponding descriptions:

**V89.01 Suspected problem with amniotic cavity and membrane not found**

**V89.02 Suspected placental problem not found**

**V89.03 Suspected fetal anomaly not found**

**V89.04 Suspected problem with fetal growth not found**

**V89.05 Suspected cervical shortening not found**

**V89.09 Other suspected maternal and fetal condition not found**

**Below are examples of how to appropriately utilize these codes.**

#### **Example #1**

Patient is sent to the MFM because the OB performed an ultrasound and saw Polyhydramnios. Upon completion of the ultrasound performed by the MFM, the fetus is normal, fluid normal, etc. Basically a normal scan. In the past we would have reported 655.83. As of October 1, 2008, we would be advising the usage of the new code **V89.01 Suspected problem with amniotic cavity and membrane not found.**

#### **Example #2:**

Patient is sent to the MFM with a serum screening with increased risk for Down Syndrome or Trisomy 18". The complete and detailed ultrasound reveals a normal fetus, fluid, etc. In the past we would have advised the usage of 655.13. As of October 1, 2008, the correct ICD-9 Code would be **V89.03 Suspected fetal anomaly not found.**

### **Example #3**

Patient is sent to the MFM with serum screening with increased risk for neural tube defects. The complete and detailed ultrasound reveals an abnormal fetus with findings consistent with Spinal Bifida. Since the suspected condition was confirmed, the diagnosis code 655.03 will be carried out throughout the pregnancy.

### **Example #4**

Patient is sent to the MFM with a suspected cardiac anomaly. The complete and detailed ultrasound reveals a questionable anomaly of the right ventricle. Due to the early gestation further testing is required. Since the suspected condition was confirmed or denied, the diagnosis code 655.83 will be reported. If on subsequent studies the heart is normal, then the correct ICD-9 Code would be **V89.03 suspected fetal anomaly not found.**

Bottom-line.....

- ✓ Regardless of the indication, if the scan reveals a normal fetus, then only the V codes should be reported.
- ✓ If the scan reveals an abnormal fetus, then the 655.xx will follow throughout the pregnancy.
- ✓ If the results of the scan are uncertain, then use the 655.xx series of codes.

As with any new codes released, we strongly suggest you contact your payers to ensure that they have loaded these new codes in the software system. HIPAA Transactions rules state that a provider must report the new codes once they become effective.