

Society for Maternal-Fetal Medicine

White Paper on Usage of New V Codes (REVISED 12-09-08)

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

December 9, 2008

The SMFM Coding Committee originally released a White Paper (dated October 1, 2008), detailing the intended usage of the new “Suspected Conditions Not Found” category of codes.

After further discussions, the SMFM Coding Committee has made revisions to this White Paper. This document replaces all previous recommendations.

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 new 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

Bottom-line.....

- ✓ If there is a suspected condition and the findings are considered normal, you would report the appropriate 600 series code (Chapter 11) and sequence with the appropriate V89.xx code.
- ✓ If the scan reveals an abnormal fetus, then the 655.xx code will follow throughout the pregnancy.
- ✓ If the results of the scan are uncertain, based on the limitations of the study, than 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.

Below are examples of how to appropriately utilize these codes.

Example #1

Patient is sent to the Maternal-Fetal Medicine Specialists (MFM) or Fetal Imaging Specialists because the Obstetrician (OB) performed an ultrasound which reveals Polyhydramnios. Based on the limitations of the ultrasound study performed, the findings are normal.

As of December 9, 2008, we are advising you to report all of the following codes:

- **657.03 (Polyhydramnios)**
- **V89.01 (Suspected problem with amniotic cavity and membrane not found)**

Example #2:

Patient is sent to the Maternal-Fetal Medicine Specialists (MFM) or Fetal Imaging Specialist with a serum screening showing increased risk for Down Syndrome or Trisomy 18". Based on the limitations of the ultrasound study performed, the findings are normal.

As of December 9, 2008, we are advising you to report all of the following codes:

- **655.13 (Known or suspected chromosomal abnormality of the fetus)**
- **796.5 (Abnormal finding on antenatal screening)**
- **V89.03 (Suspected fetal anomaly not found)**

Example #3

Patient is sent to the Maternal-Fetal Medicine Specialists (MFM) or Fetal Imaging Specialist with a 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 Maternal-Fetal Medicine Specialists (MFM) or Fetal Imaging Specialist with a suspected fetal cardiac anomaly. The complete and detailed ultrasound reveals a questionable anomaly of the right ventricle. Due to the early gestation, further testing is required. The condition is not confirmed or denied.

As of December 9, 2008, we are advising you to report as follows:

- **655.83 (Other known or suspected fetal abnormality)**

NOTE: If on subsequent studies the suspected fetal heart abnormality is found to be normal, we are advising you to report all of the following codes:

- **655.83 (Other known or suspected fetal abnormality)**
- **V89.03 (Suspected fetal anomaly not found)**