Detailed Fetal Anatomic Ultrasound Examination (76811): Updated ICD-10 Indications

To the Editor: Current Procedural Code (CPT) 76811 ("ultrasound, pregnant uterus, real time with image documentation, maternal evaluation plus detailed fetal anatomic examination, transabdominal, single or first gestation") was first included in the 2003 edition of CPT.¹ In 2014, the Consensus Report on the Detailed Fetal Anatomic Ultrasound

Examination was published.² The authors of the 2014 consensus report later modified the list of indications by including the more standard definition of obesity with increased body mass index of \geq 30 kg/m² as an indication for 76811.³ On behalf of the Society for Maternal Fetal Medicine Coding Committee, we have previously published those indications listed in the Consensus Statement and the proposed modification pertaining to obesity with the corresponding ICD-10 codes.⁴ The Society for Maternal Fetal Medicine Coding Committee generated a coding white paper

Table 1. International Classification of Diseases, Tenth Revision, Codes Associated With Various Indications for the 76811 Examination

| ICD-10 Codes | Indication |
|--------------|--|
| O99.21 | Obesity complicating pregnancy/Morbid obesity |
| O98.61 | Protozoal diseases complicating pregnancy |
| O98.51 | Other viral diseases complicating pregnancy |
| O98.81 | Other maternal infectious and parasitic diseases complicating pregnancy |
| 024.01 | Pre-existing diabetes mellitus, type 1, in pregnancy |
| 024.11 | Pre-existing diabetes mellitus, type 2, in pregnancy |
| 024.31 | Unspecified pre-existing diabetes mellitus in pregnancy |
| 024.81 | Other pre-existing diabetes mellitus in pregnancy |
| 024.91 | Unspecified diabetes mellitus in pregnancy |
| O99.32 | Drug use complicating pregnancy |
| O99.41 | Diseases of the circulatory system complicating pregnancy |
| O30.00 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs |
| 030.01 | Twin pregnancy, monochorionic/monoamniotic |
| O30.02 | Conjoined twin pregnancy |
| 030.03 | Twin pregnancy, monochorionic/diamniotic |
| 030.04 | Twin pregnancy, dichorionic/diamniotic |
| O30.09 | Twin pregnancy, unable to determine number of placenta and number of amniotic sacs |
| 030.10 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs |
| 030.11 | Triplet pregnancy with two or more monochorionic fetuses |
| 030.12 | Triplet pregnancy with two or more monoamniotic fetuses |
| 030.19 | Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs |
| 030.20 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs |
| 030.21 | Quadruplet pregnancy with two or more monochorionic fetuses |
| 030.22 | Quadruplet pregnancy with two or more monoamniotic fetuses |
| O30.29 | Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs |
| O31.1 X# | Continuing pregnancy after spontaneous abortion of one fetus or more |
| O31.2 X# | Continuing pregnancy after intrauterine death of one fetus or more |
| O35.0XX# | Maternal care for (suspected) central nervous system malformation in fetus |
| O33.6XX# | Maternal care for disproportion due to hydrocephalic fetus, not applicable or unspecified |
| O33.7 | Maternal care for disproportion due to other fetal deformities |
| O35.0XX# | Maternal care for (suspected) central nervous system malformation in fetus |
| O35.1XX# | Maternal care for (suspected) chromosomal abnormality in fetus |
| O35.2XX# | Maternal care for (suspected) hereditary disease in fetus |
| O35.3XX# | Maternal care for (suspected) damage to fetus from viral disease in mother |
| O35.4XX# | Maternal care for (suspected) damage to fetus from alcohol |
| O35.5XX# | Maternal care for (suspected) damage to fetus by drugs |
| O35.6XX# | Maternal care for (suspected) damage to fetus by radiation |
| O35.7XX# | Maternal care for (suspected) damage to fetus by other medical procedures |
| O35.8XX# | Maternal care for other (suspected) fetal abnormality and damage (includes arrhythmias) |
| O35.9XX# | Maternal care for (suspected) fetal abnormality and damage, unspecified |
| O36.01 # | Maternal care for anti-D [Rh] antibodies |

(Continues)

Table 1. Continued

| ICD-10 Codes | Indication |
|---------------|---|
| O36.09 # | Maternal care for other rhesus isoimmunization |
| O36.11_# | Maternal care for anti A sensitization |
| O36.19 # | Maternal care for other isoimmunization, not applicable or unspecified |
| O36.59 # | Maternal care for known or suspected poor fetal growth |
| O36.9 X# | Maternal care for fetal problem, unspecified |
| O40. XX# | Polyhydramnios |
| O41.0 X# | Oligohydramnios |
| O41.8X # | Other specified disorders of amniotic fluid and membranes |
| O41.9 X# | Disorder of amniotic fluid and membranes, unspecified |
| O09.51 | Supervision of elderly primigravida |
| O09.52 | Supervision of elderly multigravida |
| O43.89 | Other placental disorders (includes cord disorders) |
| 071.9 | Obstetric trauma, unspecified |
| O28.3 | Abnormal ultrasonic finding on antenatal screening of mother |
| O28.4 | Abnormal radiological finding on antenatal screening of mother |
| O09.81 | Supervision of pregnancy resulting from assisted reproductive technology |
| O28.5 | Abnormal chromosomal and genetic finding on antenatal screening of mother |
| O28.8 | Other abnormal findings on antenatal screening of mother |
| O28.9 | Unspecified abnormal findings on antenatal screening of mother |
| E66.0-E66.9 | Overweight and obesity (specific code should be used based on obesity type) |
| Z68.30-Z68.45 | Body mass index \geq 30–70 kg/m ² , adult (specific code should be used based on actual BMI) |
| O43.21 | Placenta accreta |
| O43.22_ | Placenta increta |
| O43.23 | Placenta percreta |
| Z03.72 | Encounter for suspected placental problem, not found |

Fourth, fifth, or sixth character underscore [_] is for trimester. Use 2 for second trimester; 3 for third trimester. Seventh character [#] is for fetal identification. Use 0 if not applicable or not specified; 1 for fetus 1; 2 for fetus 2; 3 for fetus 3; 4 for fetus 4; 5 for fetus 5; 9 for other fetus. These examples are provided to assist clinicians and are not intended to be all-inclusive.

recommending using CPT code 76811 for the diagnoses used in the evaluation of placenta accreta spectrum.⁵ The updated list of ICD-10 codes is included in Table 1. As noted in the Consensus Statement, the list of diagnoses used for 76811 is not intended to be all-inclusive.² The codes are limited to second- and third-trimester ICD-10 codes, since these are the time periods in pregnancy when one would expect the performance of a 76811 examination.

Fadi Bsat, MD 🕩

University of Massachusetts Medical School - Baystate, Springfield, Massachusetts, USA (F.B.) E-mail: fadi.bsat@baystatehealth.org

doi:10.1002/jum.15779

References

- American Medical Association. CPT Professional 2003. Chicago, IL: American Medical Association; 2003.
- 76811 Task Force. Consensus report on the detailed fetal anatomic ultrasound examination. Indications, components, and qualifications. *J Ultrasound Med* 2014; 33:189–195.
- Wax JR, Benacerraf BR, Copel J, O'Keeffe D, et al. Consensus report on the 76811 scan: modification. J Ultrasound Med 2015; 34:1915.
- Bsat F, Malisch T. Detailed fetal anatomic ultrasound examination (76811): ICD-10 indications. J Ultrasound Med 2016; 35:1107–1108.
- SMFM Coding committee white paper: coding for placenta accreta spectrum. Society for Maternal Fetal Medicine website. https:// www.smfm.org/coding/white-papers/131-smfm-coding-committeewhite-paper-coding-for-placenta-accreta-spectrum. Accessed May 11, 2021.