

Provider Checklist-Outpatient - Imaging

Checklist: Ultrasound-Pelvis (CPT Code: 76857)

All Indications [***One has to be present**]

***Adnexal/pelvic mass by PE/KUB [**One has to be present**]**

Newly discovered
Enlarging since last evaluation

***Suspected pelvic abscess [**Both have to be present**]**

Pelvic pain > 24 hrs by Hx
Findings [**Two have to be present**]

Rebound tenderness
Temperature > 100.4 F (38.0 C)
WBC > 12,000/cu.mm (12x10⁹/L)

***Acute abdominal/pelvic pain, unknown etiology ♦ [**All have to be present**]**

Premenopausal woman
Lower abdominal tenderness
Pelvic examination nondiagnostic for etiology of pain
U/A or urine culture normal
Cervical cultures [Both]

Gonorrhea test negative
No chlamydia by DNA/antibody testing

***Chronic pelvic pain, unknown etiology [**All have to be present**]**

Hx & PE nondiagnostic for etiology of pain
CBC normal
U/A or urine culture normal
Continued pain after Rx [**One has to be present**]

NSAID ≥ 4 wks
Depot medroxyprogesterone/OCP (Oral Cholecystogram) ≥ 8 wks
GnRH agonist ≥ 8 wks

Abx Rx x1 course

*Suspected ectopic pregnancy [**Both have to be present**]

Findings [**One has to be present**]

Abdominal/pelvic pain
Abnormal vaginal bleeding
Adnexal mass/tenderness by PE
Abnormal increase/lack of increase in quantitative HCG levels

HCG positive

*Suspected PID/tubo-ovarian abscess [**All have to be present**]

Lower abdominal pain
Cervical motion tenderness
Adnexal tenderness
HCG negative
Findings [**One has to be present**]

Temperature > 100.4 F(38.0 C)
WBC \geq 12,000/cu.mm($12 \times 10^9/L$)
ESR \geq 15 mm/hr
Purulent material by culdocentesis
Gonorrhea test positive
Chlamydia by DNA/antibody testing
> 5 WBCs per oil immersion field by Gram stain of endocervical smear

*Suspected ovarian cyst rupture ♦ [**Both have to be present**]

Sudden onset lower abdominal pain by
Abdominal tenderness/rebound

*Fibroids [**One has to be present**]

Initial assessment of uterine enlargement by PE
Known fibroids [**One has to be present**]

Uterus enlarging by PE
New onset abnormal bleeding
Tender fibroid by PE (recent onset)

*DUB in premenopausal woman [**All have to be present**]

- 910 Abnormal bleeding > 3 cycles
- 920 Vagina and cervix normal by PE
- 930 Continued abnormal bleeding after progestin/OCP x3 consecutive cycles

***Postmenopausal bleeding [One has to be present]**

- No HRT (Hormone Replacement Therapy)
- Daily HRT \geq 6 mos
- Cyclic HRT \geq 6 mos

***Assessment of follicle function with infertility [All have to be present]**

Inability to become pregnant [One has to be present]

- Age < 30 with inability to become pregnant > 1 yr
- Age \geq 30 with inability to become pregnant > 6 mos

- Hx & PE normal
- Male partner with normal sperm count and analysis
- BBT (Basal Body Temperature) evaluation \geq 12 wks
- Ovulation confirmed by midluteal serum progesterone/endometrial Bx
- TSH (Thyroid Stimulating Hormone) normal

***"Lost" IUD [All have to be present]**

Sx/findings [One has to be present]

- Patient desires removal of IUD
- Pelvic pain
- PID (Pelvic Inflammatory Disease)
- Failed removal during pelvic exam
- KUB (Kidney, Ureter, Bladder (Abdominal Plain Film)) nondiagnostic for location of IUD

***Cryptorchidism**