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 ≥ 12,000/cu.mm(12x10⁹/L)
- ESR ≥ 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 ≥ 6 mos
- Cyclic HRT ≥ 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 ≥ 30 with inability to become pregnant > 6 mos

- Hx & PE normal
- Male partner with normal sperm count and analysis
- BBT (Basal Body Temperature) evaluation ≥ 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