**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