



Subject: Transvaginal Ultrasonography (non-obstetrical)*

Effective Date: October 24, 2006

Department(s): Utilization Management

Policy: Transvaginal ultrasound is reimbursable under Plans administered by QualCare, Inc., for indications enumerated below.

Objective: To assure proper and consistent reimbursement and to assure proper utilization of a specific imaging study.

Procedure:

1. Reimbursable indications for non-obstetrical transvaginal ultrasound (**CPT 76830**) include but are not limited to:

a. Known or suspected hereditary ovarian cancer syndrome (*e.g.*, BRCA1 or BRCA 2 mutation in patient or first- or second-degree relative or risk thereof as in the policy on BRCA testing)

b. Known hereditary non-polyposis colon cancer (HNPCC)-associated genetic mutation or high probability of such a mutation (*e.g.*, its presence in family member) or family history of ovarian and/or endometrial cancer in ≥ 1 first- or second-degree relative)

c. Personal history of breast, ovarian, endometrial or an HNPCC-associated cancer

d. Presence of adnexal or pelvic mass by physical examination or KUB

e. Suspected pelvic abscess

f. Suspected pelvic inflammatory disease or tubo-ovarian abscess

- g. Suspected ovarian cyst rupture
 - h. Chronic pelvic pain of unknown etiology
 - i. Uterine fibroids
 - j. Postmenopausal bleeding
 - k. Dysfunctional uterine bleeding in premenopausal woman
 - l. Assessment of follicle function with infertility
 - m. “Lost” intrauterine device
 - n. Suspected ectopic pregnancy
2. Transvaginal ultrasound for screening for ovarian and/or endometrial cancer in the general population is reimbursable, if individual Clients wish to include this as a covered benefit.

References

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InterQual Clinical Decision Support Criteria

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.