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


National Cancer Institute, Ovarian Cancer Screening(PDQ®), updated 6/24/14; accessed online at www.cancer.gov/cancertopics/pdq/screening/ovarian/Healthprofessional


Ronghe R, Gaudoin M. Women with recurrent postmenopausal bleeding should be re-investigated but are not more likely to have endometrial cancer. Menopause Int 2010;16(1):9-11 (Mar)


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.