

2010 Procedures Adult Criteria

Criteria #10B.1 Hysterosalpingogram (Custom) - UDOH

CLIENT:	Name Code	D.O.B. Facility	ID#	GROUP#
CPT/ICD9:			Service Date	
PROVIDER:	Name Signature		ID#	Phone#
			Date	
INDICATI	ONS (choose or	ne and see below)		
		firmation 90 days after to vide clinical justification		-Insertion Device procedure only
□ 100 Tu [One]	bal occlusion cor	firmation 90 days after t	cubal sterilization: Micro	-Insertion Device procedure only
□ 110 only		90 days post hysterosco	opic tubal sterilization: I	Micro-Insertion Device procedure
	First 90 days p nsertion Device	•	ot confirm occlusion. (H	ysteroscopic tubal sterilization:
			Votos	

Notes

(1)-RIN:

HSG is contraindicated in patients with an allergy to contrast dye or in pregnant patients

(HSG) involves injection of radiopaque dye into the uterus and tubes. The internal contours of the uterine cavity and the tubes are then visible by x-ray.

(3)

While HSG may provide information about fibroids or other pathology affecting the uterine cavity, US is preferred for the evaluation of uterine cavity since it is noninvasive

(4)-POL:

Hysterosalpingogram is required three months (90 days) after placement to confirm occlusion of the fallopian tubes. If imaging cannot confirm occlusion, then another HSG will be repeated 90 days later (6 months or 180 days post procedure).

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