

ABDOMINAL AND RENAL ULTRASOUND CODING CHECKLIST

ABDOMINAL REQUIREMENTS			
<u>ORGAN</u>	<u>MENTIONED</u>	<u>NOT MENTIONED</u>	<u>NOTES</u>
Any demonstrated abdominal abnormality			(only required if anything was demonstrated)
Common Bile Duct			
Gall Bladder			
Inferior Vena Cava			
Kidneys			
Liver			
Pancreas			
Spleen			
Upper Abdominal Aorta			
	All Checked: 76700	Anything Checked: 76705	
RENAL/RETROPERITONEAL REQUIREMENTS			
<u>ORGAN</u>	<u>MENTIONED</u>	<u>NOT MENTIONED</u>	<u>NOTES</u>
Abdominal Aorta			
Any demonstrated retroperitoneal abnormality			(only required if anything was demonstrated)
Common Iliac Artery Origins			
Inferior Vena Cava			
Kidneys			
<u>Exception: Urinary Tract Pathology history</u>			
Complete eval of Kidneys			
Urinary Bladder			
	All Checked: 76770	Anything Checked: 76775	