**Provider Checklist-Outpatient –Imaging**

**Checklist: Computed Tomography (CT) Abdomen and Pelvis**

**(CPT Code: 72192, 72193, 74150, 74160)**

All Indications [**\*One has to be present**]

**\***Suspected AAA leak/rupture ♦ [**One has to be present**]

Known AAA [**Both have to be present**]

By Hx/imaging

New onset back/abdominal/flank pain

Suspected AAA [**Both have to be present**]

New onset back/abdominal/flank pain

Findings [**One has to be present**]

-1 Abdominal mass by

-2 Calcification suggestive of AAA by x−ray

-3 Hemodynamic instability [**One has to be present**]

A) Systolic BP < 100 mmHg

B) Decrease in systolic BP ≥ 30 mmHg from baseline

C) Shock by PE

**\***Follow−up post endovascular repair AAA [**One has to be present**]

3 mos post procedure

6 mos post procedure

1 yr post procedure

Every 1 yr post procedure

**\***Abdominal mass by PE/KUB/US

**\***Suspected intra−abdominal hemorrhage ♦ [**All have to be present**]

Abdominal pain/tenderness/distention

Risk factor for bleeding [**One has to be present**]

Recent intra−abdominal surgery/instrumentation

Coagulopathy

Abdominal/pelvic trauma

Findings [**One has to be present**]

Hct decrease ≥ 6% w/in 4

Hemodynamic instability [**One has to be present**]

-1 Systolic BP < 100 mmHg

-2 Decrease in systolic BP ≥ 30 mmHg from baseline

-3 Shock by PE

-4 Orthostatic changes [**One has to be present**]

A) Decrease in systolic BP ≥ 20 mmHg

B) Decrease in diastolic BP ≥ 10 mmHg

C) Increase in heart rate ≥ 20/min

**\***Acute abdominal pain, unknown etiology ♦ [**All have to be present**]

Abdominal tenderness

CBC normal

Serum/urine HCG [**One has to be present**]

Negative

Not indicated

U/A or urine culture normal

Cervical cultures [**One has to be present**]

Gonorrhea test negative and no chlamydia by DNA/antibody testing

Not indicated

**\***Suspected appendicitis ♦ [**All have to be present**]

Periumbilical/suprapubic/RLQ pain

Findings [**One has to be present**]

Involuntary guarding with localization of pain

Persistent direct tenderness to palpation

Abdominal rigidity

WBC > 12,000/cu.mm(12x109/L)

Temperature > 100.4 F(38.0 C)

Pelvic examination [**One has to be present**]

Nondiagnostic for the etiology of pain

Not indicated

Pregnancy excluded [**One has to be present**]

HCG negative

Sterilization by Hx

Patient not sexually active by Hx

Not indicated

**\***Suspected diverticulitis [**Both have to be present**]

Lower abdominal pain/mass

Findings [**One has to be present**]

Temperature > 100.4 F(38.0 C)

WBC > 12,000/cu.mm(12x109/L)

Diverticulosis by prior imaging study

**\***Follow−up diverticulitis [**Both have to be present**]

Sx/findings [**One has to be present**]

Abdominal pain/mass

Temperature > 100.4 F(38.0 C)

WBC > 12,000/cu.mm (12x109/L)

Continued Sx/findings after Rx [**Both have to be present**]

Abx ≥ 2 days

Clear liquids/NPO ≥ 2 days

**\***Suspected intra−abdominal/pelvic abscess ♦ [**Both have to be present**]

Abdominal/pelvic pain > 24 hrs by Hx

Findings [**Two have to be present**]

Localized abdominal tenderness

Temperature > 100.4 F(38.0 C)

WBC > 12,000/cu.mm (12x109/L)

**\***Follow−up of known abdominal/pelvic abscess after Rx [**One has to be present**]

Sx/findings unimproved after Rx [**Both have to be present**]

IV Abx ≥ 2 days

Drainage

Sx/findings unimproved after IV Abx Rx > 1 wk

New/worsening Sx/findings [**One has to be present**]

Abdominal pain

Abdominal mass

Temperature > 100.4 F (38.0 C)

WBC increasing

Single follow−up study

**\***New onset/change in nonspecific GI symptoms [**Both have to be present**]

Age ≥ 40

FOBT negative

**\***Fever of unknown origin (FUO) [**All have to be present**]

Temperature > 101 F(38.3 C) > 3 wks

No fever source by Hx & PE

CXR normal

Blood cultures negative/nondiagnostic for etiology of fever

Urine culture negative/nondiagnostic for etiology of fever

**\***Abdominal/pelvic evaluation with known cancer [**One has to be present**]

Initial staging

Follow−up after Rx [**One has to be present**]

After surgery and before adjuvant chemotherapy/radiation

After Rx for metastatic/unrespectable disease

New/worsening Sx/findings [**One has to be present**]

Anorexia

Weight loss by Hx/PE

Jaundice

Abdominal/pelvic pain

Abdominal/pelvic mass

Hepatomegaly

Ascites

Bowel obstruction by KUB

Lab values elevated/increasing [One has to be present]

-1 LFTs

-2 CEA

-3 CA−125

**\***Genitourinary tract tumor by imaging/testing

**\***Suspected bowel obstruction [**Both have to be present**]

Sx/findings [**Two have to be present**]

Crampy abdominal pain

Nausea/vomiting

Constipation

Abdominal distention

High−pitched, tinkling bowel sounds

Diffuse abdominal tenderness

KUB abnormal but nonspecific

**\***Abdominal/pelvic trauma [One has to be present]

Initial evaluation ♦

Follow−up for known/suspected intra−abdominal injury [**One has to be present**]

Periodic assessment

New/worsening Sx/findings ♦ [**One has to be present**]

-1 Abdominal/pelvic pain

-2 Abdominal/pelvic tenderness

-3 Hct decrease ≥ 6% w/in 4 hrs

-4 Hemodynamic instability [**One has to be present**]

A) Systolic BP < 100 mmHg

B) Decrease in systolic BP ≥ 30 mmHg from baseline

C) Shock by PE

D) Orthostatic changes [**One has to be present**]

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3) Increase in heart rate ≥ 20/min

**\***Complex cyst/noncystic ovarian mass by US

**\***Cryptorchidism [**Both have to be present**]

Testicle not palpable in scrotum/inguinal canal

Abdominal/pelvic US nondiagnostic for undescended testicle