

Provider Checklist-Outpatient –Imaging

Checklist: Computed Tomography (CT) Abdomen (CPT Code: 74170)

If the request for CT of the abdomen without and with contrast is being requested for one of the following diagnoses, the request will be auto approved.

B18.2	CHRONIC VIRAL HEPATITIS C	L03.311	CELLULITIS OF ABDOMINAL WALL
B19.20	UNS VIRAL HEPATITIS C W/O HEP COMA	N13.30	UNSPECIFIED HYDRONEPHROSIS
C16.1	MALIGNANT NEOPLASM FUNDUS STOMACH	N20.0	CALCULUS OF KIDNEY
C16.9	MAL NEOPLASM OF STOMACH UNSPECIFIED	N28.1	CYST OF KIDNEY ACQUIRED
C18.9	MALIGNANT NEOPLASM OF COLON UNS	N28.89	OTHER SPEC DISORDERS KIDNEY URETER
C21.1	MALIGNANT NEOPLASM OF ANAL CANAL	N32.81	OVERACTIVE BLADDER
C25.0	MALIGNANT NEOPLASM HEAD OF PANCREAS	N32.89	OTHER SPECIFIED DISORDERS BLADDER
C25.9	MALIGNANT NEOPLASM OF PANCREAS UNS	N40.1	BENIGN PROSTATIC HYPERPLASIA W/LUTS
C50.411	MAL NEO UP-OUTER QUAD RT FEM BREAST	N83.201	UNSPECIFIED OVARIAN CYST RIGHT SIDE
C50.412	MAL NEO UP-OUTER QUAD LT FEM BREAST	N93.9	ABNORMAL UTERINE VAGINAL BLEED UNS
C50.919	MAL NEO UNS SITE UNS FEMALE BREAST	Q45.2	CONGENITAL PANCREATIC CYST
C61	MALIGNANT NEOPLASM OF PROSTATE	R07.89	OTHER CHEST PAIN
C64.1	MALIG NEO RT KIDNEY NO RENAL PELVIS	R07.9	CHEST PAIN UNSPECIFIED
C64.2	MALIG NEO LT KIDNEY NO RENAL PELVIS	R10.10	UPPER ABDOMINAL PAIN, UNSPECIFIED
C64.9	MALIG NEO UNS KIDNEY NO RENAL PELV	R10.11	RIGHT UPPER QUADRANT PAIN
C67.2	MALIGNANT NEOPLASM LAT WALL BLADDER	R10.13	EPIGASTRIC PAIN
C67.3	MALIGNANT NEOPLASM ANT WALL BLADDER	R10.2	PELVIC AND PERINEAL PAIN
C78.01	SECONDARY MALIG NEOPLASM RT LUNG	R10.30	LOWER ABDOMINAL PAIN UNSPECIFIED

C79.51	SECONDARY MALIGNANT NEOPLASM BONE	R10.31	RIGHT LOWER QUADRANT PAIN
C81.10	NOD SCLER HODGKIN LYMPHOMA UNS SITE	R10.32	LEFT LOWER QUADRANT PAIN
C81.11	NS HL LYMPH NODES HEAD FACE & NECK	R10.33	PERIUMBILICAL PAIN
D18.03	HEMANGIOMA INTRA-ABDOM STRUCTURES	R10.84	GENERALIZED ABDOMINAL PAIN
D35.01	BENIGN NEOPLASM RIGHT ADRENAL GLAND	R10.9	UNSPECIFIED ABDOMINAL PAIN
D41.01	NEOPLASM UNCERT BEHAVIOR RT KIDNEY	R11.0	NAUSEA
D50.9	IRON DEFICIENCY ANEMIA UNSPECIFIED	R11.2	NAUSEA WITH VOMITING UNSPECIFIED
E27.8	OTHER SPEC DISORDERS ADRENAL GLAND	R14.0	ABDOMINAL DISTENSION GASEOUS
E27.9	DISORDER ADRENAL GLAND UNSPECIFIED	R16.0	HEPATOMEGALY NEC
F10.20	ALCOHOL DEPENDENCE UNCOMPLICATED	R16.1	SPLENOMEGALY NEC
I72.2	ANEURYSM OF RENAL ARTERY	R19.00	INTRA-ABD PELV SWELL MASS LUMP
I73.9	PERIPHERAL VASCULAR DISEASE UNS	R19.05	PERIUMBILIC SWELLING MASS OR LUMP
J44.9	COPD UNSPECIFIED	R19.5	OTHER FECAL ABNORMALITIES
K21.9	GERD WITHOUT ESOPHAGITIS	R19.7	DIARRHEA UNSPECIFIED
K31.84	GASTROPARESIS	R22.2	LOCALIZED SWELLING MASS & LUMP TRUNK
K40.30	UNI ING HERN W/OBST NO GANG NO RECR	R31.0	GROSS HEMATURIA
K40.90	UNI ING HERN NO OBST/GANG NOT RECUR	R31.1	BEN ESSENTIAL MICROSCOPIC HEMATURIA
K42.9	UMBILICAL HERNIA W/O OBST/GANGRENE	R31.21	ASYMPTOMATIC MICROSCOPIC HEMATURIA
K46.0	UNS ABD HERNIA W/OBST W/O GANGREN	R31.29	OTHER MICROSCOPIC HEMATURIA
K46.9	UNS ABD HERNIA W/O OBST/GANGRENE	R31.9	HEMATURIA UNSPECIFIED
K52.9	NONINFECTIVE GE & COLITIS UNS	R32	UNSPECIFIED URINARY INCONTINENCE
K57.20	DVTRCLI LG INT W/PERF ABSC NO BLEED	R50.9	FEVER UNSPECIFIED
K57.92	DVTRCLI PRT UNS NO PERF/ABSC W/O BL	R51.9	HEADACHE UNSPECIFIED

K59.09	OTHER CONSTIPATION	R59.1	GENERALIZED ENLARGED LYMPH NODES
K70.30	ALCOHOLIC CIRRHOSIS LIVR NO ASCITES	R63.4	ABNORMAL WEIGHT LOSS
K70.31	ALCOHOLIC CIRRHOSIS LIVER W/ASCITES	R74.8	ABNORMAL LEVELS OTHER SERUM ENZYMES
K74.60	UNSPECIFIED CIRRHOSIS OF LIVER	R79.89	OTH SPEC ABNORMAL FINDINGS BLD CHEM
K74.69	OTHER CIRRHOSIS OF LIVER	R91.1	SOLITARY PULMONARY NODULE
K75.4	AUTOIMMUNE HEPATITIS	R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD
K75.81	NONALCOHOLIC STEATOHEPATITIS	R93.41	ABN RAD DX IMG RENL PELV URETR/BLAD
K76.0	FATTY CHANGE LIVER NEC	R93.5	ABN FIND DX IMAG OTH AB REGION W/RP
K76.1	CHRONIC PASSIVE CONGESTION OF LIVER	R94.5	ABNORMAL RESULTS LIVR FUNCTION STDY
K76.89	OTHER SPECIFIED DISEASES OF LIVER	R97.20	ELEVATED PROSTATE SPEC ANTIGEN
K76.9	LIVER DISEASE UNSPECIFIED	S06.5XAA	TRAUM SUBDURAL HEMOR LOC UNKN INIT
K83.8	OTHER SPEC DISEASES BILIARY TRACT	Z85.07	PERSONAL HX MALIG NEOPLASM PANCREAS
K86.89	OTHER SPECIFIED DISEASES PANCREAS	Z85.47	PERSONAL HX MALIG NEOPLASM TESTIS
K86.9	DISEASE OF PANCREAS UNSPECIFIED	Z85.528	PERS HX OTH MALIG NEOPLASM KIDNEY
K92.1	MELENA	Z87.442	PERSONAL HISTORY OF URINARY CALCULI
L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	Z98.890	OTH SPECIFIED POSTPROCEDURAL STATES