Provider Checklist-Outpatient –Imaging

Checklist: Computed Tomography (CT) of the Pelvis with and without Dye (CPT Code: 72194)

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

C16.9	MAL NEOPLASM OF STOMACH UNSPECIFIED	**N28.89**	OTHER SPEC DISORDERS KIDNEY URETER
C18.9	MALIGNANT NEOPLASM OF COLON UNS	**N32.81**	OVERACTIVE BLADDER
C21.0	MALIGNANT NEOPLASM ANUS UNSPECIFIED	**N32.89**	OTHER SPECIFIED DISORDERS BLADDER
C25.0	MALIGNANT NEOPLASM HEAD OF PANCREAS	**N40.1**	BENIGN PROSTATIC HYPERPLASIA W/LUTS
C25.9	MALIGNANT NEOPLASM OF PANCREAS UNS	**N93.9**	ABNORMAL UTERINE VAGINAL BLEED UNS
C50.412	MAL NEO UP-OUTER QUAD LT FEM BREAST	**R07.9**	CHEST PAIN UNSPECIFIED
C50.919	MAL NEO UNS SITE UNS FEMALE BREAST	**R10.10**	UPPER ABDOMINAL PAIN, UNSPECIFIED
C61	MALIGNANT NEOPLASM OF PROSTATE	**R10.11**	RIGHT UPPER QUADRANT PAIN
C64.1	MALIG NEO RT KIDNEY NO RENAL PELVIS	**R10.13**	EPIGASTRIC PAIN
C64.2	MALIG NEO LT KIDNEY NO RENAL PELVIS	**R10.2**	PELVIC AND PERINEAL PAIN
C64.9	MALIG NEO UNS KIDNEY NO RENAL PELV	**R10.30**	LOWER ABDOMINAL PAIN UNSPECIFIED
C67.2	MALIGNANT NEOPLASM LAT WALL BLADDER	**R10.31**	RIGHT LOWER QUADRANT PAIN
C67.3	MALIGNANT NEOPLASM ANT WALL BLADDER	**R10.32**	LEFT LOWER QUADRANT PAIN
C78.01	SECONDARY MALIG NEOPLASM RT LUNG	**R10.84**	GENERALIZED ABDOMINAL PAIN
C79.51	SECONDARY MALIGNANT NEOPLASM BONE	**R10.9**	UNSPECIFIED ABDOMINAL PAIN
D35.01	BENIGN NEOPLASM RIGHT ADRENAL GLAND	**R11.0**	NAUSEA
D41.01	NEOPLASM UNCERT BEHAVIOR RT KIDNEY	**R11.2**	NAUSEA WITH VOMITING UNSPECIFIED
D50.9	IRON DEFICIENCY ANEMIA UNSPECIFIED	**R14.0**	ABDOMINAL DISTENSION GASEOUS

E27.8	OTHER SPEC DISORDERS ADRENAL GLAND	**R16.0**	HEPATOMEGALY NEC
E27.9	DISORDER ADRENAL GLAND UNSPECIFIED	**R19.00**	INTRA-ABD PELV SWELL MASS LUMP
I72.2	ANEURYSM OF RENAL ARTERY	**R19.05**	PERIUMBILIC SWELLING MASS OR LUMP
I73.9	PERIPHERAL VASCULAR DISEASE UNS	**R19.09**	OTH INTRA-ABD PELV SWELL MASS LUMP
J44.9	COPD UNSPECIFIED	**R19.5**	OTHER FECAL ABNORMALITIES
K21.9	GERD WITHOUT ESOPHAGITIS	**R19.7**	DIARRHEA UNSPECIFIED
K40.90	UNI ING HERN NO OBST/GANG NOT RECUR	**R22.2**	LOCALIZD SWELLING MASS & LUMP TRUNK
K40.90	UMBILICAL HERNIA W/O OBST/GANGRENE	**R31.0**	GROSS HEMATURIA
K46.9	UNS ABD HERNIA W/O OBST/GANGRENE	**R31.1**	BEN ESSENTIAL MICROSCOPIC HEMATURIA
K52.9	NONINFECTIVE GE & COLITIS UNS	**R31.21**	ASYMPTOMATIC MICROSCOPIC HEMATURIA
K57.20	DVTRCLI LG INT W/PERF ABSC NO BLEED	**R31.29**	OTHER MICROSCOPIC HEMATURIA
K57.92	DVTRCLI PRT UNS NO PERF/ABSC W/O BL	**R31.9**	HEMATURIA UNSPECIFIED
K59.09	OTHER CONSTIPATION	**R32**	UNSPECIFIED URINARY INCONTINENCE
K61.0	ANAL ABSCESS	**R50.9**	FEVER UNSPECIFIED
K70.30	ALCOHOLIC CIRRHOSIS LIVR NO ASCITES	**R51.9**	HEADACHE UNSPECIFIED
K74.69	OTHER CIRRHOSIS OF LIVER	**R59.1**	GENERALIZED ENLARGED LYMPH NODES
K75.81	NONALCOHOLIC STEATOHEPATITIS	**R63.4**	ABNORMAL WEIGHT LOSS
K76.89	OTHER SPECIFIED DISEASES OF LIVER	**R74.8**	ABNORMAL LEVELS OTHER SERUM ENZYMES
K76.9	LIVER DISEASE UNSPECIFIED	**R79.89**	OTH SPEC ABNORMAL FINDINGS BLD CHEM
K83.8	OTHER SPEC DISEASES BILIARY TRACT	**R91.1**	SOLITARY PULMONARY NODULE
K86.89	OTHER SPECIFIED DISEASES PANCREAS	**R93.41**	ABN RAD DX IMG RENL PELV URETR/BLAD
K86.9	DISEASE OF PANCREAS UNSPECIFIED	**R93.5**	ABN FIND DX IMAG OTH AB REGION W/RP
K92.1	MELENA	**R97.20**	ELEVATED PROSTATE SPEC ANTIGEN
L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL	**Z85.07**	PERSONAL HX MALIG NEOPLASM PANCREAS
L03.311	CELLULITIS OF ABDOMINAL WALL	**Z85.47**	PERSONAL HX MALIG NEOPLASM TESTIS
N13.30	UNSPECIFIED HYDRONEPHROSIS	**Z85.528**	PERS HX OTH MALIG NEOPLASM KIDNEY
N20.0	CALCULUS OF KIDNEY	**Z87.442**	PERSONAL HISTORY OF URINARY CALCULI

N28.1	CYST OF KIDNEY ACQUIRED	**Z98.890**	OTH SPECIFIED POSTPROCEDURAL STATES