**Provider Checklist-Outpatient –Imaging**

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

 **(CPT Code: 72192, 72193, 72194, 74150, 74160, 74170)**

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