

**Provider Checklist-Outpatient – Imaging**

**Checklist: Ultrasound-Abdomen
(CPT Code: 76770)**

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

**\***Suspected acute cholecystitis [**All has to be present**]

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

Biliary colic/pain in upper abdomen/back
Nausea/vomiting

RUQ tenderness

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

Temperature > 100.4 F(38.0 C)
WBC > 12,000/[cu.mm](http://cu.mm) (12x109/L)

**\***Biliary colic/suspected chronic cholecystitis

**\***Suspected CBD stones [**Both have to be present**]

Biliary colic/pain in upper abdomen/back
Direct bilirubin/alkaline phosphatase > normal

\*Suspected complication post cholecystectomy [**All have to be present**]

Abdominal/back pain

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

Abdominal distention/ileus

Jaundice

Temperature > 100.4 F (38.0 C)

Direct bilirubin and alkaline phosphatase > normal

T−tube cholangiogram [**One has to be present**]

Nondiagnostic for etiology of Sx/findings T−tube not present

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**\***Painless jaundice [**Both have to be present**]

Total bilirubin > normal

Alkaline phosphatase > normal

**\***Suspected acute pancreatitis [**All have to be present**]

Abdominal pain

Abdominal tenderness

Abnormal lab [**One has to be present**]

Amylase > normal
Lipase > normal

**\*** Elevated transaminase [**One has to be present**]

Hepatomegaly by PE

Suspected liver disease, unknown etiology [**All have to be present**]

Transaminase > 150% of upper limit of normal range

No known hepatotoxins

Hepatitis serology negative [**All have to be present**]

-1 IgM anti−HAV

-2 HBsAg

-3 IgM anti−HBc

-4 Anti−HCV

**\***Suspected pancreatic pseudocyst [**All has to be present**]
Pancreatitis by Hx [**One has to be present**]

Acute pancreatitis with onset ≥ 2 wks

Chronic pancreatitis

Pancreatitis secondary to trauma

Abdominal/back pain

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

Abdominal tenderness
Abdominal mass

CT not feasible

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\* Evaluation of known pancreatic pseudocyst [**Both haves to be present**] Findings [**One has to be present**]

Periodic evaluation for change in size

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

-1 Abdominal/back pain

-2 Vomiting

-3 Weight loss by Hx/PE

-4 Temperature > 100.4 F(38.0 C)

-5 WBC > 10,000/[cu.mm](http://cu.mm) (10x109/L)

-6 Hemodynamic instability ♦ [One]

1. Systolic BP < 100 mmHg
2. Decrease in systolic BP ≥ 30 mmHg from baseline
3. Shock by PE
4. Orthostatic changes [One]

-7 Abdominal tenderness

-8 Direct bilirubin and alkaline phosphatase >

CT not feasible

**\***Follow−up of liver mass [**Both have to be present**]

No known cancer elsewhere
3 to 6 mos after initial Dx

**\***Suspected AAA (Abdominal Aortic Aneurysm) [**One has to be present**]

Abdominal mass by PE

Calcification suggestive of AAA by x−ray

Screening study [**One has to be present**]

Age ≥ 65 and no prior screening [**One has to be present**]

-1 Male

-2 Female with cardiovascular risk factors

Age ≥ 50 and risk factor [**One has to be present**]

-1 First degree relative with AAA

-2 Known popliteal/femoral artery aneurysm

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-3 Known atherosclerotic disease

**\***Periodic assessment of AAA [**One has to be present**]

US every 6 months for size 4.0 to < 5.5 cm at previous US
Annual US for size 3.0 to 3.9 cm at previous US

\*Abdominal mass by PE/KUB (Kidney, Ureter, Bladder (Abdominal Plain Film)) \*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](http://cu.mm) (12x109/L)

Temperature > 100.4 F(38.0 C)

Pelvic examination [**One has to be present**]
Nondiagnostic for etiology of pain
Not indicated

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

HCG negative

Sterilization by Hx

Patient not sexually active by Hx

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Not indicated

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

Abdominal pain > 24 hrs by Hx
Findings [Two have to be present]

Localized abdominal tenderness
Temperature > 100.4 F(38.0 C)
WBC > 10,000/[cu.mm](http://cu.mm) (10x109/L)

**\***Follow−up of known intra−abdominal abscess after Rx [**One has to be present**] Sx/findings unimproved after Rx [**Both have to be present**]

IV Abx ≥ 2 day
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 [**All have to be present**]

Age ≥ 40

FOBT negative

CT nondiagnostic/not feasible

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