

**Provider Checklist-Outpatient -Imaging**

**Checklist: Computed Tomography (CT) Abdomen  
(CPT Code: 74150, 74160, 74170)**

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

\*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

\*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

\*Suspected pancreatic pseudocyst [**All have to be present**]

Pancreatitis by Hx [**One has to be present**]

Acute pancreatitis with onset  $\geq$  2 wks  
Chronic pancreatitis  
Pancreatitis secondary to trauma



Abdominal/back pain  
Findings by PE [**One has to be present**]

Abdominal tenderness  
Abdominal mass

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

Periodic evaluation for change in size  
New/worsening Sx/findings [**One has to be present**]

Abdominal/back pain  
Vomiting  
Weight loss by Hx/PE  
Temperature > 100.4 F(38.0 C)  
WBC > 10,000/cu.mm(10x10<sup>9</sup>/L)  
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

Abdominal tenderness  
Direct bilirubin and alkaline phosphatase > normal

\*Acute pancreatitis with complication [**All have to be present**]

Abdominal pain  
Lab finding [**One has to be present**]

Amylase > normal  
Lipase > normal

Associated complication [**One has to be present**]

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

-1 Hemodynamic instability ♦ **[One has to be present]**

- A) Systolic BP < 100 mmHg
- B) Decrease in systolic BP  $\geq$  30 mmHg from baseline
- C) Shock by PE
- D) Orthostatic changes **[One has to be present]**

- 1) Decrease in systolic BP  $\geq$  20 mmHg
- 2) Decrease in diastolic BP  $\geq$  10 mmHg
- 3) Increase in heart rate  $\geq$  20/min

-2 Temperature > 100.4 F(38.0 C)

-3 Rebound tenderness ♦

Lab finding **[One has to be present]**

- 1 Hct decrease  $\geq$  6% w/in 4 hrs ♦
- 2 Po<sub>2</sub> < 60 mmHg(8.0 kPa) on RA ♦
- 3 Creatinine > 3.0 mg/dL(265  $\mu$ mol/L)
- 4 Blood culture positive
- 5 WBC > 14,000/cu.mm(14x10<sup>9</sup>/L) or < 5,000/cu.mm(5x10<sup>9</sup>/L)
- 6 Ca < 8 mg/dL(2.00 mmol/dL) ♦
- 7 Glucose > 220 mg/dL(12.21 mmol/L)
- 8 Persistently elevated/increasing LFTs  $\geq$  24 hrs

\*Continued acute pancreatitis after Rx **[All have to be present]**

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

Abdominal pain  
Vomiting with attempted oral intake

Lab findings **[One has to be present]**

Amylase > normal  
Lipase > normal

Therapy **[All have to be present]**

NPO  $\geq$  5 days  
Analgesic  $\geq$  5 days  
IV fluids  $\geq$  5 days

\*Pancreatic mass by US

\*Liver mass by US

\*Suspected pheochromocytoma [**One has to be present**]

24 hr urine [**One has to be present**]

1011 VMA/metanephrine > normal

1012 Total catecholamines > normal

Plasma catecholamine > normal

\*Suspected adrenal cortical tumor (cortisol secreting) [**All have to be present**]

24 hr urine free cortisol > normal

No suppression by low-dose dexamethasone

No suppression by high-dose dexamethasone

\*Suspected aldosterone-producing adrenal tumor/bilateral adrenal hyperplasia [**All have to be present**]

Aldosterone > normal

Plasma renin < normal

Contributory conditions excluded

Medications deemed noncontributory

\*Periodic assessment of adrenal mass [**All have to be present**]

Nonfunctioning mass

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

≤ 4 cm

> 4 cm and ≤ 6 cm and no surgery planned

Periodic assessment [**One has to be present**]

12 wks after initial Dx

Every 6 mos after initial Dx

\*Known splenomegaly with new/worsening LUQ pain ♦