

**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  $\geq 6\%$  w/in 4

Hemodynamic instability [**One has to be present**]

- 1 Systolic BP  $< 100$  mmHg
- 2 Decrease in systolic BP  $\geq 30$  mmHg from baseline
- 3 Shock by PE
- 4 Orthostatic changes [**One has to be present**]

A) Decrease in systolic BP  $\geq 20$  mmHg

B) Decrease in diastolic BP  $\geq 10$  mmHg

C) Increase in heart rate  $\geq 20$ /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( $12 \times 10^9$ /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(12x10<sup>9</sup>/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 (12x10<sup>9</sup>/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 (12x10<sup>9</sup>/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  $\geq 6\%$  w/in 4 hrs
- 4 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

\*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