

Provider Checklist-Outpatient -Imaging

Checklist: Magnetic Resonance Imaging (MRI), Abdomen (For CPT codes: 74181, 74182, 74183)

Indicate if liver mass by US/CT

If Complex cystic/indeterminate/solid renal parenchymal mass, indicate results By US **AND** CT not feasible/nondiagnostic for etiology of mass

Indicate if abdominal mass by PE/KUB/US **AND** CT not feasible/nondiagnostic for etiology of mass

If suspected AAA (Abdominal Aortic Aneurysm) rupture, indicate known or suspected with how diagnosed **AND** findings/results

If suspected pheochromocytoma, indicate 24 hr urine results **OR** plasma catecholamine results/findings

If suspected adrenal cortical tumor (cortisol secreting), indicate 24 hr urine free cortisol results, no suppression by low-dose dexamethasone **AND** no suppression by high-dose dexamethasone

If suspected aldosterone-producing adrenal tumor/bilateral adrenal hyperplasia, indicate aldosterone results, plasma renin results, contributory conditions excluded, medications deemed noncontributory **AND** CT nondiagnostic/not feasible

Indicate periodic assessment of adrenal mass including nonfunctioning mass, size **AND** periodic assessment frequency after initial diagnosis