

## **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 (12x10<sup>9</sup>/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

\*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  $\geq$  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

\* Evaluation of known pancreatic pseudocyst [**Both have 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 (10x10<sup>9</sup>/L)
- 6 Hemodynamic instability ♦ [One]
  - A) Systolic BP < 100 mmHg
  - B) Decrease in systolic BP ≥ 30 mmHg from baseline
  - C) Shock by PE
  - D) 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

-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 (12x10<sup>9</sup>/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

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 (10x10<sup>9</sup>/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