

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 (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

*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 (10x10⁹/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 (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

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 (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