

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(10x10⁹/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 Po₂ < 60 mmHg(8.0 kPa) on RA ♦
- 3 Creatinine > 3.0 mg/dL(265 μ mol/L)
- 4 Blood culture positive
- 5 WBC > 14,000/cu.mm(14x10⁹/L) or < 5,000/cu.mm(5x10⁹/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**]

\leq 4 cm
> 4 cm and \leq 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 ♦