

# Radiology Questionnaire

## CT of the Pelvis

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code*	Description	
72192	Computed tomography, pelvis; without contrast material	
72193	Computed tomography, pelvis; with contrast material	
72194	Computed tomography, pelvis; without contrast material followed by contrast material and further sections	
1.	Does the patient have:	
2.	Prior abnormal imaging study, requiring follow-up CT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Unexplained weight loss (> 10% body weight)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Current symptoms of abdominal bleeding or CT requested for a follow-up of known bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Symptoms of abdominal abscess (fever of unknown origin, abdominal pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Clinical symptoms of appendicitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Clinical symptoms of diverticulitis (a digestive disease accompanied by nausea, vomiting, cramping, pain, constipation, diarrhea, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Persistent unexplained abdominal or pelvic tenderness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Clinical symptoms of bowel obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Suspected inflammatory bowel disease (IBD) or follow-up of known IBD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Unexplained hematuria (any blood in the urine; microscopic noted by urinalysis or visible blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Suspected or known kidney stone(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Symptoms of abdominal aortic aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Suspected abdominal aortic dissection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Suspected pelvic hernia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Significant pelvic trauma (e.g. fracture, surgery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Radiology Questionnaire

17.	Significant metal hardware that may preclude MRI imaging of the affected area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is this imaging procedure being performed to rule out cancer, to rule out metastasis or for ongoing cancer surveillance (monitoring) of a previously identified cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Enlarged pelvic organ(s) or acute pelvic pain NOT associated with the above symptoms or conditions AND prior ultrasound performed that was negative OR not able to lead to a definitive diagnosis (further imaging is recommended or requested)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Current pregnancy? (CT generally contraindicated)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2012 American Medical Association. All rights reserved.**