



Radiology Questionnaire

CT of the Abdomen OR CT Abdomen and 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	
74150	Computed tomography, abdomen; without contrast material	
74160	Computed tomography, abdomen; with contrast material	
74170	Computed tomography, abdomen; without contrast material followed by with contrast material and further sections	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	
1.	Does the patient have:	
2.	Prior abnormal imaging (e.g. X-ray or Ultra Sound) that was either negative OR not able to lead to a definitive diagnosis AND further imaging is recommended or requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Persistent unexplained abdominal and/or pelvic tenderness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Unexplained abdominal mass?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Enlarged abdominal organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Unexplained weight loss (> 10% body weight)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Unexplained jaundice (yellow skin), elevated liver enzymes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Symptoms or suspicion of abdominal bleeding or retroperitoneal bleeding (blood in stool, black or tarry stool, tiredness, pale skin, shortness of breath) or is this for follow-up of known abdominal bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Symptoms of abdominal abscess (fever of unknown origin, abdominal pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Clinical symptoms of appendicitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Clinical symptoms of diverticulitis (a digestive disease accompanied by nausea, vomiting, cramping, pain, constipation, diarrhea, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Clinical symptoms of bowel obstruction (abdominal pain, nausea, vomiting, diarrhea, constipation, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Suspected Inflammatory Bowel Disease (IBD) or follow-up of known IBD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Suspected pancreatitis OR clinical complications of pancreatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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15.	Unexplained hematuria (any blood in the urine; microscopic noted by urinalysis or visible blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Known OR suspected kidney stone(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Symptoms of abdominal aortic aneurysm (pulsing sensation in the abdomen, rigid abdomen, nausea, vomiting, rapid heart rate when rising to stand, abdominal mass)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Suspected abdominal aortic dissection (tear in the wall of the aorta)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Suspected abdominal hernia (an abdominal protrusion due to weak abdominal muscles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Significant abdominal trauma / injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	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
22.	Is the CT for pre-surgical planning or for post-surgical evaluation for complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Is the patient currently pregnant? (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**

References:

Moss A, Gamsu G, Genant HK. Computed tomography of the body with magnetic resonance imaging: abdomen and pelvis. 2nd ed. 1992.

Lee JK, Sagel SS, Stanley RJ. Computed body tomography with MRI correlation. 3rd ed. 1998.

ACR Practice Guidelines and Technical Standards 2007.

ACR Appropriateness Criteria, Sept. 2008.