

CT Abdomen & Pelvis Questionnaire – CarePlanner/iEX
(74176, 74177, 74178)

1. **DO NOT SUBMIT IF PT** is eligible for: Take Charge/FPO, Managed Care (MCD), Detox only, if PT has unmet Spend-down, is being evaluated for SSI, is on Medicaid but, another payer is prime, **including Medicare**, is receiving services in the inpatient setting or the ED.
2. Have you confirmed the Medicaid client's eligibility for the planned date of service of this advanced imaging procedure?
 Yes = Go to #3
 No = STOP. Need to confirm eligibility before submitting
3. Is the client's primary medical coverage under ONE of these Medicaid Fee-For-Service eligibility programs: CNP or LCP-MNP, ERSO (Emergency Related Services – Program for NonCitizens), GA?
 Yes = **If ERSO go to #4, others go to #5**
 No = Do NOT proceed to submit
4. If client has ERSO (Emergency Related Services – Program for NonCitizens) coverage, is this advanced imaging to treat cancer?
 Yes = Go to #5
 No = Call Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022
5. Is the client on hospice and is this advanced imaging related to the hospice diagnosis?
 Yes = STOP. PA not required by Medicaid. Paid for under hospice benefit.
 No = Go to #6
6. (M) Select ONE of the CT Abdomen & Pelvis indications:
 Suspected AAA leak/rupture (see 7 – 11)
 Follow-up post endovascular repair AAA (see 12)
 Abdominal mass by PE/KUB/US (see 13)
 Suspected intra-abdominal hemorrhage (see 14 - 18)
 Acute abdominal pain, unknown etiology (see 19 – 21)
 Suspected appendicitis (see 22 – 25)
 Suspected diverticulitis (see 26 & 27)
 Follow-up diverticulitis (see 28 – 30)
 Suspected intra-abdominal/pelvic abscess (see 31 & 32)
 Follow-up of known abdominal/pelvic abscess after Rx (see 33 - 35)
 New onset/change in nonspecific GI symptoms (see 36)
 Fever of unknown origin (see 37)
 Abdominal/pelvic evaluation with known cancer (see 38 - 41)
 Suspected bowel obstruction (see 42 & 43)
 Abdominal/pelvic trauma (see 44 - 48)
 Cryptorchidism (see 49)
 Genitourinary tract tumor by imaging/testing (see 50)
 Nephrolithiasis (see 51 – 56)
 Unilateral flank/abdominal pain by Hx (see 57)
 Cystitis/pyelonephritis by culture (see 58 – 62)
 Complex cystic/indeterminate/solid renal parenchymal mass by US (see 63)
 Hematuria (see 64 – 67)
 Chronic abdominal & pelvic pain (see 68 & 69)
7. SUSPECTED AAA LEAK/RUPTURE, select ONE
 Known AAA (see 8)
 Suspected AAA (see 9)

8. Known AAA, select ALL:
 By Hx/imaging
 New onset back/abdominal/flank pain
9. Suspected AAA, select ALL:
 Findings (see 10)
 New onset back/abdominal/flank pain
10. Findings, select ONE:
 Abdominal mass by PE
 Calcification suggestive of AAA by x-ray
 Hemodynamic instability (see 11)
11. Hemodynamic instability, select ONE:
 Systolic BP < 100 mmHg
 Decrease in systolic BP \geq 30 mmHg from baseline
 Shock by PE
12. FOLLOW-UP POST ENDOVASCULAR REPAIR AAA, select ONE:
 4 wks post procedure
 Every 6 mos post procedure & type II endoleak at initial follow-up
 1 yr post procedure
 Every 1 yr post procedure & no type II endoleak
13. ABDOMINAL MASS BY PE/KUB/US:
 Yes
 No
14. SUSPECTED INTRA-ABDOMINAL HEMORRHAGE, select ALL:
 Abdominal pain/tenderness/distention
 Risk factor for bleeding (see 15)
 Findings (see 16)
15. Risk factor for bleeding, select ONE:
 Recent intra-abdominal surgery/instrumentation
 Coagulopathy
 Abdominal/pelvic trauma
16. Findings, select ONE:
 Hct decrease \geq 6% w/in 4 hrs
 Hemodynamic instability (see 17)
17. Hemodynamic instability, select ONE:
 Systolic BP < 100 mmHg
 Decrease in systolic BP \geq 30 mmHg from baseline
 Shock by PE
 Orthostatic changes (see 18)
18. Orthostatic changes, select ONE:
 Decrease in systolic BP \geq 20 mmHg
 Decrease in diastolic BP \geq 10 mmHg
 Increase in heart rate \geq 20/min

19. ACUTE ABDOMINAL PAIN, UNKNOWN ETIOLOGY, select ALL:

- Abdominal tenderness
- CBC normal
- Serum/urine HCG (see 20)
- U/A or urine culture normal
- Cervical cultures (see 21)

20. Serum/urine HCG, select ONE:

- Negative
- Not indicated

21. Cervical cultures, select ONE:

- Gonorrhea test negative & no Chlamydia by DNA/antibody testing
- Not indicated

22. SUSPECTED APPENDICITIS, select ALL:

- Periumbilical/suprapubic/RLQ pain
- Findings (see 23)
- Pelvic examination (see 24)
- Pregnancy excluded (see 25)

23. Findings, select ONE:

- Involuntary guarding with localization of pain
- Persistent direct tenderness to palpation
- Abdominal rigidity
- WBC > 12, 000/uL
- Temperature > 100.4 F (38.0 C)

24. Pelvic examination, select ONE:

- Nondiagnostic for the etiology of pain
- Not indicated

25. Pregnancy excluded, select ONE:

- HCG negative
- Sterilization by Hx
- Patient not sexually active by Hx
- Not indicated

26. SUSPECTED DIVERTICULITIS, select ALL:

- Lower abdominal pain/mass
- Findings (see 27)

27. Findings, select ONE:

- Temperature > 100.4 F (38.0 C)
- WBC > 12, 000/uL
- Diverticulosis by prior imaging study

28. FOLLOW-UP DIVERTICULITIS, select ALL:

- Sx/findings (see 29)
- Continued Sx/findings AFTER Rx (see 30)

29. Sx/findings, select ONE:

- Abdominal pain/mass
- Temperature > 100.4 F (38.0 C)
- WBC > 12, 000/uL

30. Continued Sx/findings AFTER Rx, select ONE:
- Abx >= 2 days
 - Clear liquids/NPO >= 2 days
31. SUSPECTED INTRA-ABDOMINAL/PELVIC ABSCESS, select ALL::
- Abdominal/pelvic pain > 24 hrs by Hx
 - Findings (see 32)
32. Findings, select TWO:
- Localized abdominal tenderness
 - Temperature > 100.4 F (38.0 C)
 - WBC > 12, 000/uL
33. FOLLOW-UP OF KNOWN ABDOMINAL/PELVIC ABSCESS AFTER Rx, select ONE:
- Sx/findings unimproved AFTER Rx (see 34)
 - Sx/findings unimproved after IV Abx Rx >= 1 wk
 - New/worsening Sx/findings (see 35)
 - Single follow-up study
34. Sx/findings unimproved AFTER Rx, select ALL:
- IV Abx >= 2 days
 - Drainage
35. New/worsening Sx/findings, select ONE:
- Abdominal pain
 - Abdominal mass
 - Temperature > 100.4 F (38.0 C)
 - WBC increasing
36. NEW ONSET/CHANGE IN NONSPECIFIC GI SYMPTOMS, select ALL:
- Age >= 40
 - FOBT negative
37. FEVER OF UNKNOWN ORIGIN (FUO), select ALL:
- Temperature > 101 F (38.3 C) > 3 wks
 - No fever source by Hx & PE
 - CXR normal
 - Blood cultures negative/nondiagnostic for etiology of fever
 - Urine cultures negative/nondiagnostic for etiology of fever
38. ABDOMINAL/PELVIC EVALUATION WITH KNOWN CANCER, select ONE:
- Initial staging
 - Follow-up after Rx (see 39)
 - New/worsening Sx/findings (see 40)
39. Follow-up after Rx, select ONE:
- After surgery and before adjuvant chemotherapy/radiation
 - After Rx for metastatic/unresectable disease

40. New/worsening Sx/findings, select ONE:
- Anorexia
 - Weight loss by Hx/PE
 - Jaundice
 - Abdominal/pelvic pain
 - Abdominal/pelvic mass
 - Hepatomegaly
 - Ascites
 - Bowel obstruction by KUB
 - Lab values elevated/increasing (see 41)
41. Lab values elevated/increasing, select ONE:
- LFTs
 - CEA
 - CA-125
42. SUSPECTED BOWEL OBSTRUCTION, select ALL:
- Sx/findings (see 43)
 - KUB abnormal but nonspecific
43. Sx/findings, select TWO:
- Crampy abdominal pain
 - Nausea/vomiting
 - Constipation
 - Abdominal distention
 - High-pitched, tinkling bowel sounds
 - Diffuse abdominal tenderness
44. ABDOMINAL/PELVIC TRAUMA, select ONE:
- Initial evaluation
 - Follow-up for known/suspected intra-abdominal injury (see 45)
45. Follow-up for known/suspected intra-abdominal injury, select ONE:
- Periodic assessment
 - New/worsening Sx/findings (see 46)
46. New/worsening Sx/findings, select ONE:
- Abdominal/pelvic pain
 - Abdominal/pelvic tenderness
 - Hct decrease $\geq 6\%$ within 4 hrs
 - Hemodynamic instability (see 47)
47. Hemodynamic instability, select ONE:
- Systolic BP < 100 mmHg
 - Decrease in systolic BP ≥ 30 mmHg from baseline
 - Shock by PE
 - Orthostatic changes (see 48)
48. Orthostatic changes, select ONE:
- Decrease in systolic BP ≥ 20 mmHg
 - Decrease in diastolic BP ≥ 10 mmHg
 - Increase in heart rate ≥ 20 /min
49. CRYPTORCHIDISM, select ALL:
- Testicle not palpable in scrotum/inguinal canal
 - Abdominal/pelvic US nondiagnostic for undescended testicle

50. GENITOURINARY TRACT TUMOR BY IMAGING/TESTING:

- Yes
- No

51. NEPHROLITHIASIS, select ONE:

- Suspected renal/ureteral stone (see 52)
- Known renal/ureteral stone (see 56)

52. Suspected renal/ureteral stone, select ONE:

- Unilateral flank pain
- Sx/findings (see 53)

53. Sx/findings, select ALL:

- Symptoms (see 54)
- Findings (see 55)

54. Symptoms, select ONE:

- Unilateral abdominal/pelvic pain
- Unilateral groin/genitalia pain

55. Findings, select ONE:

- Hematuria
- Multiple stones by KUB

56. Known renal/ureteral stone, select ONE:

- Pain/nausea/vomiting uncontrolled by medication
- Continued flank/abdominal pain > 3 days
- Continued microscopic hematuria > 4 wks
- Continued hematuria > 2 wks after passing stone
- Stone present by KUB > 8 wks

57. UNILATERAL FLANK/ABDOMINAL PAIN BY Hx, select ONE:

- Solitary kidney by Hx
- Known pelvic tumor
- Prior kidney/ureteral/bladder procedure/instrumentation
- Stone by KUB

58. CYSTITIS/PYELONEPHRITIS BY CULTURE, select ONE:

- Male (see 59)
- Female (see 61)

59. Male, select ONE:

- Cystitis \geq 2 episodes
- Pyelonephritis \geq 1 episode
- Persistent/worsening pyelonephritis AFTER Abx \geq 3 days (see 60)

60. Persistent/worsening pyelonephritis AFTER Abx \geq 3 days, select ONE:

- Flank/abdominal/groin pain
- Flank/abdominal tenderness
- Temperature > 100.4 F (38.0 C)

61. Female, select ONE:

- Cystitis despite Abx suppressant Rx
- Pyelonephritis \geq 2 episodes
- Persistent/worsening pyelonephritis AFTER Abx \geq 3 days (see 62)

62. Persistent/worsening pyelonephritis AFTER Abx \geq 3 days, select ONE:
- Flank/abdominal/groin pain
 - Flank/abdominal tenderness
 - Temperature > 100.4 F (38.0 C)
63. COMPLEX CYSTIC/INDETERMINATE/SOLID RENAL PARENCHYMAL MASS BY US, select ONE:
- Yes
 - No
64. HEMATURIA (NONTRAUMATIC), select ONE:
- Gross hematuria (see 65)
 - Microscopic hematuria (see 66)
65. Gross hematuria, select ALL:
- Blood by urine dipstick
 - Urine culture negative
66. Microscopic hematuria, select ALL:
- RBCs ≥ 3 /HPF
 - No RBC casts by U/A
 - UTI excluded (see 67)
67. UTI excluded, select ONE:
- Urine dipstick negative for nitrite/leukocyte esterase
 - Urine culture negative
68. CHRONIC ABDOMEN & PELVIS PAIN GREATER THAN 6 MONTHS:
- Yes (see 69)
 - No
69. Clinical indicators, select ONE:
- Abdominal/pelvic mass of organomegaly
 - Blood in stool or urine
 - Edema
 - Fever
 - Jaundice
 - Pain that awakens patient
 - Weight loss ($> 1\%$)