

CT Abdomen Questionnaire – CarePlanner/iEX  
(74150, 74160, 74170)

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. NOTE: If known or suspected AAA, SUBMIT under CPT codes 74176, 74177, or 74178.
7. (M) Select ONE of the CT Abdomen indications:  
 Suspected complication post cholecystectomy (see 8 & 9)  
 Gallbladder evaluation (see 10)  
 Jaundice (see 11)  
 Suspected acute pancreatitis (see 12 & 13)  
 Suspected pancreatic pseudocyst (see 14 – 16)  
 Evaluation of known pancreatic pseudocyst (see 17 – 20)  
 Acute pancreatitis with complication (see 21 – 27)  
 Continued acute pancreatitis after Rx (see 28 – 31)  
 Pancreatic mass by US (see 32)  
 Liver mass by US (see 33)  
 Suspected pheochromocytoma (see 34 & 35)  
 Suspected adrenal cortical tumor (see 36)  
 Suspected aldosterone-producing adrenal tumor/bilateral adrenal hyperplasia (see 37)  
 Periodic assessment of adrenal mass (see 38 – 40)  
 Known splenomegaly with new/worsening LUQ pain (see 41)  
 Suspected ventral/incisional hernia (see 42)  
 Chronic abdominal pain (see 43 & 44)
8. SUSPECTED COMPLICATION POST CHOLECYSTECTOMY, select ALL  
 Abdominal/back pain  
 Findings (see 9)

9. Findings, select ONE:
- Abdominal distention/ileus
  - Jaundice
  - Temperature >100.4 F (38.0 C)
  - Direct bilirubin & alkaline phosphatase > normal
10. GALLBLADDER EVALUATION, select ONE:
- Calcified gallbladder wall by x-ray
  - Suspected cancer of the gallbladder by US
  - Gallbladder mucosal wall tumor by US
11. JAUNDICE, select ALL:
- Total bilirubin > normal
  - Alkaline phosphatase > normal
  - US nondiagnostic for etiology of jaundice
12. SUSPECTED ACUTE PANCREATITIS, select ALL:
- Abdominal pain
  - Abdominal tenderness
  - Abnormal lab (see 13)
13. Abnormal lab, select ONE:
- Amylase > normal
  - Lipase > normal
14. SUSPECTED PANCREATIC PSEUDOCYST, select ALL:
- Pancreatitis by Hx (see 15)
  - Abdominal/back pain
  - Findings by PE (see 16)
15. Pancreatitis by Hx, select ONE:
- Acute pancreatitis with onset >= 2 wks
  - Chronic pancreatitis
  - Pancreatitis secondary to trauma
16. Findings by PE, select ONE:
- Abdominal tenderness
  - Abdominal mass
17. EVALUATION OF KNOWN PANCREATIC PSEUDOCYST, select ONE:
- Periodic evaluation for change in size
  - New/worsening Sx/findings (see 18)
18. New/worsening Sx/findings, select ONE:
- Abdominal/back pain
  - Vomiting
  - Weight loss by Hx/PE
  - Temperature > 100.4 F (38.0 C)
  - WBC > 10, 000/uL
  - Hemodynamic instability (see 19)
  - Abdominal tenderness
  - Direct bilirubin & alkaline phosphatase > normal

19. Hemodynamic instability, select ONE:
- Systolic BP < 100 mmHg
  - Decrease in systolic BP  $\geq$  30 mmHg from baseline
  - Shock by PE
  - Orthostatic changes (see 20)
20. 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
21. ACUTE PANCREATITIS WITH COMPLICATION, select ALL:
- Abdominal pain
  - Lab finding (see 22)
  - Associated complication (see 23)
22. Lab finding, select ONE:
- Amylase > normal
  - Lipase > normal
23. Associated complication, select ONE:
- Findings by PE (see 24)
  - Lab finding (see 25)
24. Findings by PE, select ONE:
- Hemodynamic instability (see 26)
  - Temperature > 100.4 F (38.0 C)
  - Rebound tenderness
25. Lab finding, select ONE:
- Hct decrease  $\geq$  6% w/in 4 hrs
  - $Po_2 < 60$  mmHg (8.0 kPa) on RA
  - Creatinine > 3.0 mg/dL (265 mmol/L)
  - Blood culture positive
  - WBC > 14, 000/uL or < 5, 000/uL
  - Ca < 8 mg/dL (2.00 mmol/dL)
  - Glucose > 220 mg/dL (12.21 mmol/L)
  - Persistently elevated/increasing LFTs  $\geq$  24 hrs
26. Hemodynamic instability, select ONE:
- Systolic BP < 100 mmHg
  - Decrease in systolic BP  $\geq$  30 mmHg from baseline
  - Shock by PE
  - Orthostatic changes (see 27)
27. 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
28. CONTINUED ACUTE PANCREATITIS after Rx, select ALL:
- Symptoms (see 29)
  - Lab findings (see 30)
  - Therapy (see 31)

29. Symptoms, select ONE:  
 Abdominal pain  
 Vomiting with attempted oral intake
30. Lab findings, select ONE:  
 Amylase > normal  
 Lipase > normal
31. Therapy, select ALL:  
 NPO >= 5 days  
 Analgesic >= 5 days  
 IV fluids >= 5 days
32. PANCREATIC MASS BY US:  
 Yes  
 No
33. LIVER MASS BY US:  
 Yes  
 No
34. SUSPECTED PHEOCHROMOCYTOMA, select ONE:  
 24 hr urine (see 35)  
 Plasma catecholamine > normal
35. 24 hr urine, select ONE:  
 VMA/metanephrine > normal  
 Total catecholamines > normal
36. SUSPECTED ADRENAL CORTICAL TUMOR (cortisol secreting), select ALL:  
 24 hr urine free cortisol > normal  
 No suppression by low-dose dexamethasone  
 No suppression by high-dose dexamethasone
37. SUSPECTED ALDOSTERONE-PRODUCING ADRENAL TUMOR/BILATERAL ADRENAL HYPERPLASIA, select ALL:  
 Aldosterone > normal  
 Plasma rennin > normal  
 Contributory conditions excluded  
 Medications deemed noncontributory
38. PERIODIC ASSESSMENT OF ADRENAL MASS, select ALL:  
 Nonfunctioning mass  
 Size (see 39)  
 Periodic assessment (see 40)
39. Size, select ONE:  
 <= 4 cm  
 > 4 cm & <= 6 cm & no surgery planned
40. Periodic assessment, select ONE:  
 12 wks after initial Dx  
 Every 6 mos after initial Dx

41. KNOWN SPLENOMEGALY WITH NEW/WORSENING LUQ PAIN:

Yes

No

42. SUSPECTED VENTRAL/INCISIONAL HERNIA:

Yes

No

43. CHRONIC ABDOMINAL PAIN GREATER THAN 6 MONTHS:

Yes (see 44)

No

44. Clinical indicators, select ONE:

Abdominal mass or organomegaly

Blood in stool or urine

Edema

Fever

Jaundice

Pain that awakens patient

Weight loss (> 1%)