Abdomen and/or Pelvis Quick Reference Guide

Diagnosis information
- Primary Diagnosis Code(s)
- CPT code(s) requested for advanced diagnostic imaging.

Specific Information related to requested study
- **Signs/Symptoms:** Clinical information specific to the request for advanced diagnostic imaging should be provided. The patient’s subjective complaints as well as the duration of signs/symptoms should be documented. If an injury occurred, please describe how the injury occurred as well as the date.
- **Reason or Rule Out:** This describes why the provider is requesting the advanced diagnostic study. Examples may include, but are not limited to: Rule Out Kidney stones, Suspected Appendicitis, Evaluation of palpable abdominal mass, Rule Out hernia, Evaluation of Hematuria (Blood in urine), Evaluation of pelvic pain, Evaluation of abnormal uterine bleeding, Evaluation of abnormal findings on abdominal and/or pelvic ultrasounds, etc.
- **First Office Visit:** The date of the first encounter with a provider after onset of symptoms. (An encounter with a primary care physician, emergency room physician or other clinician could qualify as a first office visit).
- **Last office Visit:** The date of the most recent office encounter with the requesting provider (or other meaningful contact with the requesting provider within the last 60 days in an established patient).
- **Physical Exam:** The documentation should include any objective abnormalities identified by requesting provider related to the requested advanced diagnostic imaging study(ies). Examples may include, but are not limited to: tenderness to palpation of the abdomen should be noted (i.e. mild, moderate or severe), palpable mass on exam, rebound, rigidity, guarding, fever of 101 degrees or greater, etc.
- **Previous Medical History:** This should include any history relevant to the requested advanced diagnostic imaging study. Also, this should include any prior diagnosis relevant to the requested advanced diagnostic imaging study. Examples may include, but are not limited to: History of Diverticulitis, History of Cancer, History of any abdominal and/or pelvic surgery within the last 6 months, etc.
- **Treatment:** Please provide any Physician Directed treatment that was initiated and the start date and duration. Examples may include, but are not limited to: Antibiotics x 10 days, Pain medication since 01/10/2015, H. Pylori medication x 7 days, etc.
Abdomen and/or Pelvic Quick Reference Guide Cont.

- **Prior Imaging:** The results of prior imaging related to the requested advanced diagnostic imaging should be provided. Please include the date as well as the impression. Examples may include, but are not limited to:
  - KUB
  - Ultrasound
  - Endoscopy
  - CT, MR, MRCP of abdomen and/or pelvis
  - X-ray such as a GI series
- **Labs:** Any relevant labs should be included along with the date, results and normal lab values. Examples may include, but are not limited to:
  - CBC
  - hCG
  - Urinalysis/Urine Dip
  - Liver Function Tests (LFT)
  - Alpha fetoprotein (AFP)
  - CA-125
  - WBC
  - Amylase/Lipase
  - Tumor Markers

***Please note this document is to be used as a tool to assist with prior authorization requests. Providing all of the information listed on this tool in no way grants approval of the requested study(ies). All requests are subject to a review for Medical Necessity, at which time a determination is made.***