Next Generation Solutions

Detailed Order Request Checklists for Abdomen and Pelvis Exams
Getting ready to place an order

Knowing what information you’ll need for each order saves time. Our abdomen and pelvis order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you’re preparing to submit an order.

INFORMATION YOU’LL NEED FOR ABDOMEN AND PELVIS ORDER REQUESTS

For ALL abdomen and pelvis order requests, you will need:

- Patient first and last name, member number and date of birth
- Ordering provider first and last name
- CPT code and the name of the exam you’re requesting
- **Diagnostic code (ICD10)** or name of your patient’s diagnosis
- Name and location of the facility where the exam will be performed

For MOST abdomen and pelvis order requests, you may also need:

- Reason for ordering the exam (eg, what is the provider looking for or differential diagnosis)
- Physical exam findings
- Patient history (including prior surgery)
- Prior imaging dates and results
- Non-diagnostic ultrasound (Not enough information was provided to establish, confirm, or exclude a diagnosis or there are technical limitations.)

Looking for a specific exam?
The following pages list the information that is typically required for specific abdomen and pelvis exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient’s chart prior to starting your order request.
Checklists by exam type

ABDOMEN CT or MRI
— Reason for ordering the exam (eg, what is the provider looking for or differential diagnosis)
— Indication (eg, infection, inflammation, hematoma, abscess, or mass)
— Specific signs or symptoms and duration (new, worsening, or none)
— Dates and results of prior imaging studies (eg, ultrasound, x-ray [KUB/chest], endoscopy, colonoscopy, or barium enema; and results [nondiagnostic, indeterminate, or type of cyst])
— Dates and results of laboratory tests (eg, liver function, CBC, blood culture, urinalysis [where applicable])
— Dates or type of any surgeries or procedures (eg, lithotripsy or aneurysm repair [open or endovascular repair])
— Post-operative complications
— Preoperative imaging and date (within 30 days) (eg, repair of hernia, aneurysm, or congenital anomaly, or lithotripsy, or TAVR or TAVI)
— Any contraindication to MRI (for CT only)
— Any contraindication to CT (for MRI only)
— Congenital anomaly (eg, Jejunal or ileal stenosis, small left colon syndrome, or other anomalies of the hepatobiliary, genitourinary, or gastrointestinal systems)
— Type of treatment and response (eg, antibiotic)
— Candidacy for chelation therapy (where applicable)
— Benign or malignant tumor, mass, lesion (palpable, non-palpable, and location)
— Type of mass (eg, adrenal, renal, splenic, pancreatic, liver or appendiceal)
— Suspected or confirmed malignancy
— For cancers - initial, post-treatment, or periodic surveillance imaging
— Recent trauma (eg, blunt or penetrating)
— Patient’s involuntary weight loss over 6 months and greater than or equal to 10% of total body weight

SPECIFICALLY FOR PAIN
— Location (eg, diffuse, epigastric, right or left upper or lower quadrant pain), characteristics, and duration of pain (persistent, recurrent, and chronic or acute [new onset within 30 days])
— Suspected cause of nonspecific pain (eg, stomach, bowel, hepatobiliary, pancreas, genitourinary, or vascular)
— Suspected or confirmed cause of vascular pain (eg, aneurysm, aortic disease, or venous thrombosis)
— Suspected or confirmed cause of bowel pain (eg, inflammatory bowel disease, bowel obstruction, diverticulitis, gastroenteritis, irritable bowel syndrome, or ischemic bowel)
— Suspected or confirmed cause of hepatobiliary pain (eg, acute cholecystitis, hepatitis, or abscess)
— Suspected or confirmed cause of genitourinary pain (eg, kidney stone [recurrent and location] or pyelonephritis)
— Suspected or confirmed cause of pancreatic pain (eg, acute pancreatitis, abscess, or pseudocyst)
— For pediatric patients, RED FLAG signs
— Differential or confirmed diagnosis for the cause of pain (eg, appendicitis, hernia, kidney stone, pancreatitis, or abscess)
PELVIS CT OR MRI

— Reason for ordering the exam (eg, what is the provider looking for or differential diagnosis)
— Specific signs or symptoms and duration (new, worsening, or none)
— Dates and results of prior imaging studies (eg, ultrasound, x-ray [KUB/chest], endoscopy, colonoscopy, or barium enema; and results [nondiagnostic, indeterminate, or type of cyst])
— Congenital anomaly (eg, anorectal malformation or genitourinary system)
— Any contraindication to MRI (for CT only)
— Any contraindication to CT (for MRI only)
— Type of treatment and response (eg, antibiotic)

MRCP

— Reason for exam (eg, biliary obstruction, choledocholithiasis, cystic pancreatic mass, primary sclerosing cholangitis, acute recurrent pancreatitis, or suspected ductal abnormality)
— History of cholecystectomy?
— History of pancreatitis (eg, acute or chronic, how many episodes)

ABDOMINAL CTA OR MRA

— Reason for the exam request (eg, preoperative, preprocedure or surveillance of repaired or non-repaired aneurysm, or stenosis, occlusion, or ischemia, TAVI or TAVR)
— Dates and results of prior imaging studies (eg, ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and results [nondiagnostic, indeterminate])
— Specific signs or symptoms and duration (new, worsening, or none)
— Suspected or confirmed abdominal aortic aneurysm (AAA), visceral artery aneurysm, or pseudoaneurysm
— Screening for connective tissue disease (pediatric patient)
— Post-operative complications
— Preoperative imaging and date of surgery (within 30 days)
— Prior ankle-brachial index (ABI) (exam dependent)
— Description of hypertension (eg, accelerated or malignant; sudden onset, poorly controlled, or renal failure)
— Preoperative imaging and date (within 30 days) (eg, aneurysm or TAVR or TAVI)
— Recent BP readings and number of medications for hypertension
— Specific indications/symptoms (eg, follow up renal ultrasound results, abdominal bruit, flash pulmonary edema, or evaluation of ACE inhibitor treatment)

PELVIS CTA OR MRA

— Reason for exam request (eg, pseudoaneurysm, suspected or established aneurysm, visceral aneurysm, preoperative, preprocedure or surveillance of repaired or non-repaired aneurysm, new or worsening symptoms, TAVI or TAVR, or suspected complication)
— Screening for connective tissue disease (pediatric patient)
— Type of aneurysm repair (eg, open surgical repair or endovascular)
— Dates and results of prior imaging studies (eg, ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and results [nondiagnostic, indeterminate])
— Preoperative imaging and date of surgery (within 30 days)
ABDOMEN AND PELVIS CTA WITH LOWER EXTREMITY RUNOFF

- Indications for exam (eg, preoperative, postoperative, pseudoaneurysm, surveillance, ischemia, peripheral artery disease, stenosis or occlusion)
- Specific symptoms (new, worsening, or none)
- Dates and results of prior imaging studies (eg, ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and results [nondiagnostic, indeterminate])
- Preoperative imaging and date (within 30 days) (eg, aneurysm or TAVR or TAVI)
- Suspected or confirmed peripheral artery disease
- Any contraindication to revascularization (for peripheral artery disease)
- Date and result of noninvasive studies
- Following vascular procedure (eg, complications or surveillance after revascularization)

VIRTUAL CT COLONOGRAPHY

- Screening or diagnostic
- Results and date of prior screening
- Reason for exam (eg, failed or incomplete colonoscopy, contraindication, or complications)
- Medical indications (eg, colonic obstruction, sedation risk, risk of perforation, coagulopathy, or long term anticoagulation

PELVIS FETAL MRI

- Ultrasound date and results (eg, nondiagnostic)
- Complication of pregnancy (eg, twin complication)