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 >/= 30 mmHg from baseline
   - Shock by PE
   - Orthostatic changes (see 20)

20. Orthostatic changes, select ONE:
   - Decrease in systolic BP >/= 20 mmHg
   - Decrease in diastolic BP >/= 10 mmHg
   - Increase in heart rate >/= 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 >/= 6% w/in 4 hrs
   - Po2 < 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 >/= 24 hrs

26. Hemodynamic instability, select ONE:
   - Systolic BP < 100 mmHg
   - Decrease in systolic BP >/= 30 mmHg from baseline
   - Shock by PE
   - Orthostatic changes (see 27)

27. Orthostatic changes, select ONE:
   - Decrease in systolic BP >/= 20 mmHg
   - Decrease in diastolic BP >/= 10 mmHg
   - Increase in heart rate >/= 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%)