

Subject: CT Abdomen and Pelvis (74176, 74177, 74178)		Original Effective Date: 9/19/2017
Policy Number: MCR: 638	Revision Date(s):	
Review Date: 9/19/2017, 12/19/18, 12/10/19		

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DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

CT scans use X-ray technology and advanced computer analysis to create detailed pictures of your body. A CT scan of the abdomen and pelvis can help diagnose problems in the bladder, uterus, prostate, liver or bowels.

RECOMMENDATIONS

Chronic Abdominal Pain

The initial evaluation of abdominal pain consists of a detailed history and physical examination, appropriate laboratory studies, and frequently non-advanced imaging such as x-ray or ultrasound. The presence of certain “red flags” may preclude the initial performance of non-advanced imaging. In some cases, endoscopy may be the preferred study.

In children under the age of 14, ultrasound should be the initial study performed for evaluation of abdominal pain.

Male

Location	Recommendations
Generalized	Initial Ultrasound
Right Upper Quadrant	Initial Ultrasound
Left Upper Quadrant	Consider Ultrasound and/or evaluate for possible gastric causes
Left Lower Quadrant	CT if concern for conditions listed below
Right Lower Quadrant	Advanced imaging if other criteria are met

Female

Location	Recommendations
Generalized	Initial Ultrasound
Right Upper Quadrant	Initial Ultrasound
Left Upper Quadrant	Consider Ultrasound and/or evaluate for possible gastric causes
Left Lower Quadrant	Initial Pelvic Ultrasound
Right Lower Quadrant	Initial Pelvic Ultrasound

Kidney Stones – Suspected

Flank pain and +/- hematuria

Kidney Stones –Known or follow up

If initial x-ray (KUB) or ultrasound is indeterminate

Hematuria

Known tumor or mass

- Initial evaluation of a recently diagnosed cancer
- Follow up of a known tumor or mass after completion of treatment or with new signs/symptoms
- Surveillance of a known tumor or mass according to accepted clinical standards.
- For initial staging of prostate cancer with a PSA of 20 or higher or a Gleason score of 7 or higher

Suspected tumor or mass not confirmed as cancer

- Evaluation of an abnormality seen on x-ray or other imaging
- Evaluation of an abnormality on physical examination and initial evaluation with x-ray or ultrasound has been completed.

Infection suspected

- Appendicitis, acute abdominal pain with at least one of the following:
 - Nausea/vomiting
 - Fever of at least 100.3 or higher
 - Abdominal rigidity, guarding/rebound tenderness, or other peritoneal signs
 - Elevated white blood cell count (WBC)
- Diverticulitis - Complication of diverticulitis with severe abdominal tenderness or mass, not responding to antibiotics
- Abscess
 - Any known infection that is clinically suspected to have created an abscess
 - Re-evaluation of an abscess after treatment

Fistula

Evaluation of a known or suspected fistula

Inflammation

- Suspected pancreatitis (new or recurrent) with abnormal amylase or lipase or severe focal pain.
- Known pancreatitis and concern for pseudocyst formation
- Suspected inflammatory bowel disease (new or recurrent) with abdominal pain, persistent diarrhea or bloody diarrhea

Vascular Disease (aneurysm, etc.) CTA or MRA may be preferred

- Vascular abnormality seen and indeterminate on other imaging studies
- Aortic Aneurysm and ultrasound is indeterminate or this is for preoperative planning
- Follow up after endograft repair and CTA is not also ordered

Trauma with suspected abdominal or retroperitoneal hemorrhage

Weight Loss

- Unintentional weight loss of 5% of body weight persisting for 6 months with initial evaluation of a chest x-ray, ultrasound, laboratory testing including TSH, and colon cancer screening (if over 50 years old) completed
- Loss of 10% of body weight in less than 2 months with at least one MD visit documenting weight loss

Pre/Post Procedural

- Pre-operative evaluation
- Post-operative for routine recommended follow up or for potential post-operative complications.
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure
- intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

Other

- Evaluation of an abnormality seen on other imaging and the diagnosis remains uncertain
- For evaluation of a known or suspected ventral or incisional hernia
- High Risk - Any patient over 75 y/o or diabetic with persisting pain (not intermittent only)
- CT enterography for evaluation of known inflammatory bowel disease

ADDITIONAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

REFERENCES USED FOR DETERMINATIONS

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CPT	Description
74176	CT Abdomen/Pelvis w/o contrast
74177	CT Abdomen/Pelvis w/contrast
74178	CT Abdomen/Pelvis w/o & w/contrast