



# Detailed Order Request Checklists for Abdomen and Pelvis Exams

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## Getting ready to place an order

Knowing what information you will 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 are preparing to submit an order.

### **INFORMATION YOU WILL 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 (e.g., 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.

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Contents

Getting ready to place an order .....2

    INFORMATION YOU WILL NEED FOR ABDOMEN AND PELVIS ORDER REQUESTS .....2

    ABDOMEN CT or MRI .....4

    SPECIFICALLY FOR PAIN .....4

    PELVIS CT OR MRI.....4

    MRCP .....4

    ABDOMINAL CTA OR MRA .....4

    PELVIS CTA OR MRA.....5

    ABDOMEN AND PELVIS CTA WITH LOWER EXTREMITY RUNOFF.....5

    VIRTUAL CT COLONOGRAPHY .....5

    PELVIS FETAL MRI.....5

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**ABDOMEN CT or MRI, ABDOMEN/PELVIS CT OR MRI**

- Reason for ordering the exam (e.g., what is the provider looking for or differential diagnosis)
- Indication (e.g., infection, inflammation, hematoma, abscess, or mass)
- Specific signs or symptoms and duration (new, worsening, or none)
- Dates and results of prior imaging studies (e.g., ultrasound, x-ray [KUB/chest], endoscopy, colonoscopy, or barium enema; and results [nondiagnostic, indeterminate, or type of cyst])
- Dates and results of laboratory tests (e.g., liver function, CBC, blood culture, urinalysis [where applicable])
- Dates or type of any surgeries or procedures (e.g., lithotripsy or aneurysm repair [open or endovascular repair])
- Any contraindication to MRI (for CT only)
- Any contraindication to CT (for MRI only)
- Type of treatment and response (e.g., antibiotic)

**SPECIFICALLY FOR PAIN**

- Location (e.g., 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])
- Reason for exam
- Differential or confirmed diagnosis for the cause of pain
- Any RED FLAG signs

**PELVIS CT OR MRI, PELVIS/ABDOMEN CTI OR MRI**

- Reason for ordering the exam (e.g., 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 (e.g., ultrasound, x-ray [KUB/chest], endoscopy, colonoscopy, or barium enema; and results [nondiagnostic, indeterminate, or type of cyst])
- Any contraindication to MRI (for CT only)
- Any contraindication to CT (for MRI only)
- Type of treatment and response (e.g., antibiotic)

**MRCP**

- Reason for exam (e.g., biliary obstruction, choledocholithiasis, cystic pancreatic mass, primary sclerosing cholangitis, acute recurrent pancreatitis, or suspected ductal abnormality)

**ABDOMINAL CTA OR MRA, ABDOMINAL/PELVIS CTA OR MRA**

- Reason for the exam request (e.g., 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 (e.g., ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and results [nondiagnostic, indeterminate])

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### **PELVIS CTA OR MRA, PELVIS/ ABDOMINAL CTA OR MRA**

- Reason for exam request (e.g., 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)
- Prior applicable surgeries or procedures
- Dates and results of prior imaging studies (e.g., ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and
- results [nondiagnostic, indeterminate])

### **ABDOMEN AND PELVIS CTA WITH LOWER EXTREMITY RUNOFF**

- Indications for exam (e.g., preoperative, postoperative, pseudoaneurysm, surveillance, ischemia, peripheral artery disease, stenosis or occlusion)
- Specific symptoms (new, worsening, or none)
- Dates and results of prior imaging studies (e.g., ultrasound, noninvasive studies, MRA, MRI, CTA, CT; and
- results nondiagnostic, indeterminate])

### **VIRTUAL CT COLONOGRAPHY**

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

### **PELVIS FETAL MRI**

- Reason for exam
- Prior imaging results (ultrasound or other imaging studies)
- Ultrasound date and results (e.g., nondiagnostic)
- Complication of pregnancy (e.g., twin complication)