

# CT ABDOMEN AND CHEST

# Documentation Checklist Tool

Required for all CT Abdomen and Chest Services	Yes	No
If billed with modifier 26 for professional component: Is the report authored by a qualified provider? Including pulmonologist, radiologist, oncologist?		
Does the documentation include progress note or other entry to support reasonable indication for ordering scan?		
Does the diagnosis code correlate with the documentation and symptoms to support medical necessity of test? <ul style="list-style-type: none"> <li>Is a signed copy of the report provided?</li> </ul>		
Does the claim history indicate recent testing for the same diagnosis? If yes, does the documentation include explanation for repeat testing?		
If CT with contrast is ordered, does the documentation indicate area or process being evaluated (i.e. nodule, effusion, mass etc.).		
Does the documentation support medical necessity if an excessive number of scans or unnecessarily expensive types of scans are billed?		
Does documentation indicate tests performed include CT with AND without contrast?		
If additional testing areas are ordered (i.e. CT chest AND abdomen), does documentation support suspected upper abdominal/chest pathology being evaluated?		
Does documentation indicate test ordered for screening purposes?		
Does the documentation include a signed order? If not, does the documentation include intent to order?		
Did the note include the name, signature and credentials of the person performing the service?		

## References

- IOM 100-4, Chapter 13-Radiology Services and Other Diagnostic Procedures
- National Coverage Determination 220.1