

## Provider Checklist-Outpatient -Imaging

### Checklist: Computed Tomography (CT) Extremity

If suspected fracture, indicate **AT LEAST ONE** of the following:

Intra-articular/long bone **WITH ALL** of the following:

Pain at site;  
Pain with passive ROM;  
X-ray nondiagnostic for fracture at initial evaluation;  
Pain unimproved after immobilization  $\geq 2$  wks **WITH** repeat x-ray nondiagnostic for fracture **AND** bone scan nondiagnostic for fracture

Nondisplaced femoral neck fracture **WITH ALL** of the following:

Hip pain;  
Hip pain increased by weight bearing/passive ROM;  
Hip x-ray nondiagnostic for fracture;

**OR** Scaphoid fracture **WITH ALL** of the following:

Pain at scaphoid;  
Pain with passive ROM/palpation of scaphoid;  
X-ray nondiagnostic for fracture at initial evaluation;  
Pain unimproved after immobilization  $\geq 2$  wks **WITH** repeat x-ray nondiagnostic for fracture **AND** bone scan/MRI nondiagnostic for fracture

Indicate preoperative evaluation of osteomyelitis

If suspected fracture nonunion, indicate **AT LEAST ONE** of the following:

Nondisplaced fracture **WITH ALL** of the following:

Symptoms at site **WITH** pain by Hx **OR** sensation of motion;  
Findings at site **WITH AT LEAST ONE** of the following: tenderness; deformity;  
swelling **OR** motion;  
X-ray nondiagnostic for nonunion  
**AND** Continued symptoms after immobilization  $\geq 12$  wks

Displaced fracture **WITH ALL** of the following:

Symptoms at site **WITH** pain by Hx OR sensation of motion;  
Findings at site **WITH** tenderness; deformity > 10 degrees in any plane; swelling  
**OR** motion;  
X-ray **WITH BOTH** nondiagnostic for nonunion **AND** position of bone **WITH**  
angulation > 10 degrees in any **OR** displacement of fracture;  
**AND** Continued symptoms after immobilization ≥ 12 wks

If suspected tarsal coalition, indicate **BOTH** of the following:

Sx/findings **WITH AT LEAST ONE** of the following:

Pain at site;  
Rigid flatfoot;  
Pain increased with activity;  
**OR** Decreased ROM in midfoot and hindfoot

**AND** X-ray nondiagnostic for tarsal coalition

If suspected bone tumor, indicate **BOTH** of the following:

Indicate sx/findings **WITH** pain at site OR bone lesion at site by imaging;

Bone scan **WITH** negative **OR** single positive site

Indicate follow-up single bone metastasis after Rx **WITH BOTH** initial CT positive at site **AND**  
after chemotherapy/radiation Rx completed

Indicate follow-up primary bone tumor **WITH BOTH** initial CT positive at site **AND** periodic  
assessment **WITH AT LEAST ONE** of the following:

During chemotherapy;  
After chemotherapy/radiation Rx/surgery completed;  
**OR** New/worsening sx/findings at site **WITH** pain **OR** swelling/mass