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 ≥ 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 ≥ 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 ≥ 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